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THE UNIVERSITY OF ALBERTA

AN ANALYSIS OF THE ROLE OF THE ALBERTA
GUIDANCE CLINIC IN EDMONTON

BY



DONALD ELROY ORN

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The undersigned certify that they have read,
and recommend to the Faculty of Graduate Studies for
acceptance, a thesis entitled "An Analysis of the
Role of the Alberta Guidance Clinic in Edmonton"
submitted by Donald Elroy Orn in partial fulfilment
of the requirements for the degree of Master of
Education.

ABSTRACT

The purpose of this investigation was to examine the manner in which professionals of the Alberta Guidance Clinic, Edmonton, and members of professional groups who refer clients to the Guidance Clinic, perceive the role of the Alberta Guidance Clinic in Edmonton.

The author constructed a seventy-item questionnaire which was mailed to 507 individuals. The groups included in this investigation were: social workers who were members of the Alberta Association of Social Workers; welfare workers; probation officers; school principals; school counsellors; school psychologists; school social workers; and Guidance Clinic psychologists, social workers, and psychiatrists. Two hundred and eighty-three of the three hundred and eleven returned questionnaires were usable for data analyses.

First, the data were analyzed using the Kolmogorov-Smirnov Two-Sample test, to determine whether or not some of the groups could be combined in order to simplify the remainder of the data analyses. Social workers, welfare workers, and probation officers were combined into one group. School counsellors and school principals were also combined to make one group. The Guidance Clinic staff were likewise grouped together.

The findings indicate that there were eleven questionnaire items upon which at least one of the groups differed with the Guidance Clinic group in perception of Clinic role. There were five questions which were consistently agreed upon as being descriptive of a current inappropriate Guidance Clinic role. Furthermore, there were five items which were consistently agreed upon as being descriptive of an appropriate role of the Guidance Clinic but which were perceived as not being performed.

The main implication of the study is that the Guidance Clinic staff should give increasing consideration to a more intensive public relations program. In this way non-Clinic professionals would have more information on which to make decisions about the appropriateness of referring a specific client to the Guidance Clinic.

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CHAPTER I

INTRODUCTION AND DEFINITION OF TERMS

In the City of Edmonton, there are a variety of public and private agencies which offer social services. An agency may specialize in problems of social welfare, education, physical health, or mental health, or the agency's service may include some aspects of two or more of these four broad types of classes of services. For example, while the schools are primarily an educational service, school personnel are also concerned about the physical and mental health of the child. Often, when a client has a problem in one aspect of his life, say education, a problem in his emotional health arises at the same time. Or, when an individual experiences poor physical health, financial problems for him and his family also may arise. Consequently, a professional may often refer a client to another agency or to other agencies as the need arises.

When a client requires professional help that is beyond the area of competence, embraced by one agency, the professional in that agency then makes a referral to another agency. If it is assumed that the choice of agency is not random, then there must be criteria, either

implicit or explicit, upon which such a professional bases his decision. The criteria may be quite personal or they may be quite universal among many professionals. Nevertheless, the criteria are based on the professional's perception of the agency which is in turn derived from his past experience with the agency, from publications of the agency, from mass media coverage of the agency, or from hearsay and rumor.

In this investigation, the author proposes to examine how several groups of professionals perceive one of the social agencies, the Alberta Guidance Clinic in Edmonton, Alberta. A comparison will be made between how Clinic professionals regard what the Guidance Clinic currently does and what the Clinic ideally should do.

The author developed an interest in the varied perceptions of the Guidance Clinic held by professionals in referral agencies during the two years of employment with the Clinic. Many times Guidance Clinic staff would complain about a certain client because the worker felt that some other agency could better assist the client. However, someone, either the client himself, or the professional who referred him, must have thought that the Guidance Clinic was the most appropriate agency for the client, at that point in time. The author assumes that the decision to go to the Guidance Clinic was not arbitrary but based on a preconceived idea of what the

Guidance Clinic, as an agency, does. Thus the present investigation arose out of an interest in determining some of the preconceived notions or more technically, some of the perceptions of the role of the Alberta Guidance Clinic that were held by professionals in other agencies. A related second focus of the study will be an attempt to determine how these perceptions relate to how Guidance Clinic staff themselves, perceive their own role.

The primary aim of this investigation is to provide information about professionals' perceptions of the Guidance Clinic to the administrative staff of the Clinic. As improvements in the Guidance Clinic service are planned, the information provided by this investigation can be considered along with other data by the administration.

The non-Clinic professionals selected for this study are school principals, school counsellors, school psychologists, school social workers, social workers in a variety of other agencies, and probation officers. The Clinic professionals include the psychologists, the social workers and the psychiatrists employed by the Guidance Clinic.

To allow the reader to become familiar with the terminology that is used in this study, the following

definitions^{*} are provided:

DEFINITION OF TERMS

The Guidance Clinic or the Clinic, refers to the Alberta Guidance Clinic, Edmonton, staffed and financed by the Government of Alberta, Department of Health, Division of Mental Health.

The term position is used to refer to the social location of an actor or a class of actors within a system of social relationships. Thus, the Guidance Clinic has a position in the social system of psychiatric and psychological services in the Edmonton area.

Expectation is defined as an evaluative standard applied to an incumbent of a position. It implies that a behavior is desirable or undesirable, that is, whether or not a given behavior or activity carries with it a positive or negative connotation.

Role is defined as a set of expectations or a set of evaluative standards applied to an incumbent of a particular position.

^{*}The definitions are freely adapted from Biddle and Thomas (1966) and Gross et al (1958).

Incumbent is defined as the individual or aggregate of individuals occupying a certain position or in this study, it will refer to an agency, namely the Guidance Clinic occupying a position. In the literature the incumbent is sometimes referred to as the actor.

Alter group is defined as any group which defines a set of expectations for an incumbent of a position.

Focal position is defined as the position that is studied, namely the position occupied by the Alberta Guidance Clinic, Edmonton.

Counter position is defined as the position occupied in the social system by any alter group which holds expectations of an incumbent of the focal position.

Role conflict, for the purposes of this study, is said to exist when any set of expectations held by an alter group are incompatible with or different from the set of expectations held by the incumbent of the focal position.

Although some authors (Gross et al, 1958) discuss other types of role conflict such as the incompatible expectations held by two alter groups or the incompatible expectations held by two members of an alter group, the

definition of role conflict used in this study is restricted to the definition given in this section.

Role performance is defined as the behavior emitted by a person or aggregate of individuals as a function of his or their social position. Thus, the collective professional behavior of the aggregate, the Guidance Clinic professional staff, is the role performance of the Guidance Clinic.

CHAPTER II

THEORETICAL FRAMEWORK AND RELATED LITERATURE AND RESEARCH

In this chapter concepts of role, role conflict, and role model are discussed.

A brief discussion of guidance clinics and mental health clinics is also provided to acquaint the reader with the history and traditional approach to child guidance. Since officially the Alberta Guidance Clinic places no restriction on the age of the client they will accepted, concepts relating to mental health clinics are also provided. Finally, a history and some of the expressed aims of the Alberta Guidance Clinic are presented.

ROLE THEORY

The concepts included under the general term of role theory have received increasing attention in recent years. Role studies have been used more extensively in the last decade as a method of analyzing behavior and expected behavior of an individual or a group of individuals. Role is the theoretical construct that is used to explain the interaction between an individual's behavior and expected behavior, the interaction between an individual in a social

system and other individuals within the social system, or role is used to explain the behavior of a certain group or class of individuals within a social system. In this investigation, role is used to denote the latter of the three usages. Biddle and Thomas (1966) for example, suggest that one definition is that a role is a set of behaviors which are associated with a certain position.

Position is a collectively recognized category of persons for whom such differentiation is their common attribute, their common behavior, or the common reaction of others towards them. (p. 29)

The role referred to in this study is the role of an aggregate of individuals comprised of the professional staff of the Guidance Clinic as perceived by professionals of other agencies and the aggregate of professionals at the Clinic.

ROLE MODEL

A position is a social location of an actor or class of actors within a social system. If a certain position is studied, it is known as the focal position and all other positions relating to the focal position are known as counter positions. Each alter group occupies a different counter position since each alter group probably has a slightly different relationship to the focal position.

The role of the Guidance Clinic can be studied from more than one perspective. For example, Gross et al (1958) propose a system model in which the relationship between the counter positions are studied as well as the relationship between the focal position and each counter position.

In this study, several counter positions are examined in relationship to the focal position. Since the relationship between the counter positions is not examined, a position-centric model rather than a system model is appropriate. Figure 1 is a diagram of the position-centric role model that is used in this study. It is based on the position-centric role model proposed by Gross et al (1958). The position-centric provides a model for focusing on one position and examining its relationship to a series of counter positions.

A focal position cannot be completely described unless all other counter positions to which it is related have been specified. For example, in this investigation, one such alter group whose expectations are not considered is the small but extremely significant group of administrators of the Department of Health, Division of Mental Health, who make and fashion many of Guidance Clinic policies. The cross-hatched segment of the focal position, the Guidance Clinic, shown in Figure 1, is representative of the alter groups whose expectations

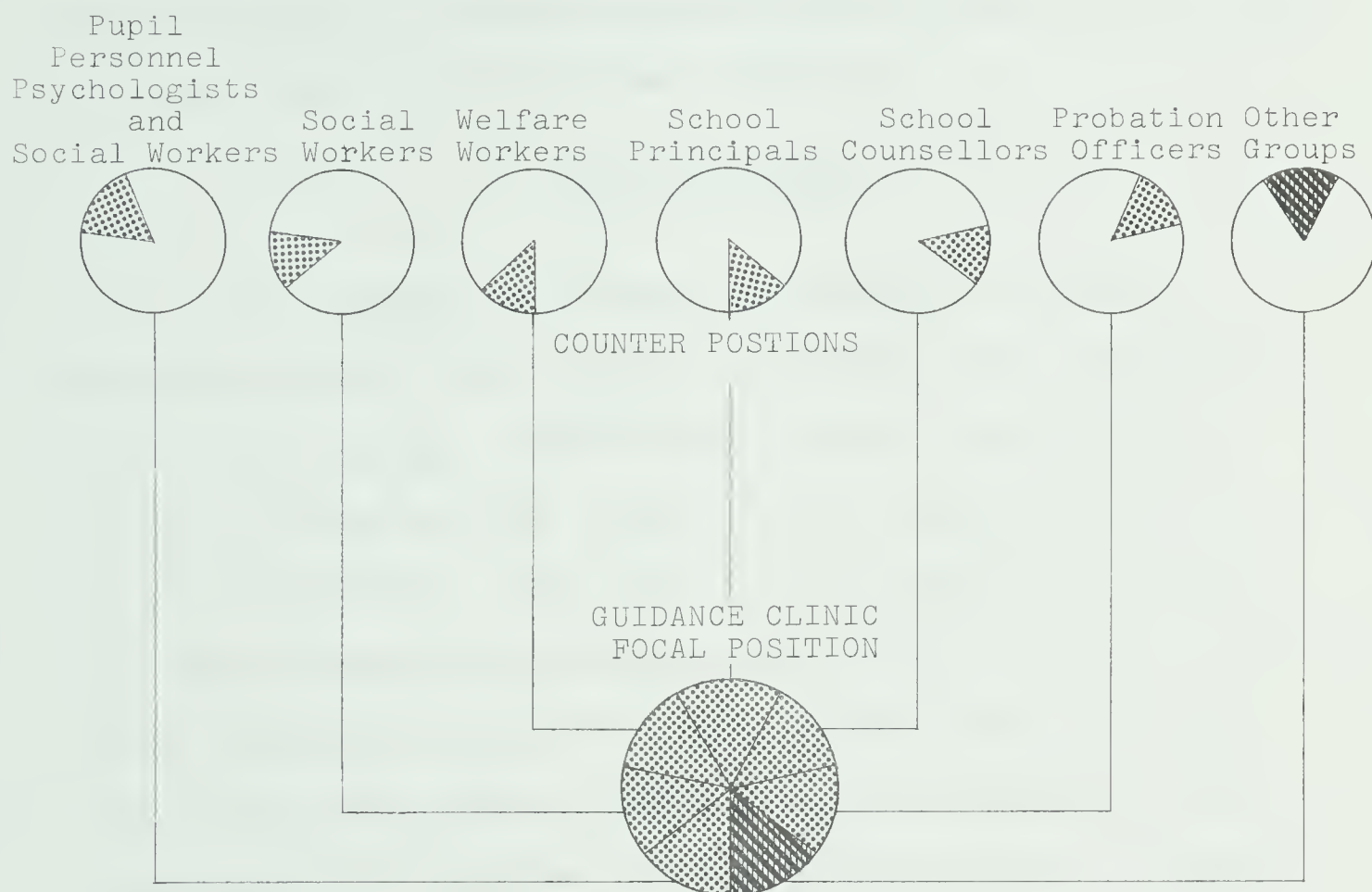


FIGURE 1

DIAGRAM OF THE POSITION-CENTRIC ROLE MODEL

are not included in this investigation. As can be seen in Figure 1, each counter position holds a subset of the total expectations of the focal position, that is, each counter position cannot express all the expectations held of the incumbent of the focal position.

ROLE CONFLICT

Role conflict has been discussed by several authors (Seeman, 1953; Getzels and Guba, 1954; Spiegel, 1957; Gross et al, 1958;[★] Goode, 1960). Gross et al (1958) discuss several types of role conflict presented in the literature. The type of role conflict important for this investigation is the type labelled "the observer-actor differentiation." In this type of role conflict there are differences of expectations between the alter groups and the incumbent of the focal position. Seeman (1953), after defining role conflict as ". . . the exposure of the individual in a given position to incompatible behavioral expectations," says

The term "role conflict" may be somewhat misleading, carrying implications of necessary personal conflict. This refers, however, only to situations in which the observer notes what appear to be conflicting sets of expectations, i.e. to potential sources of difficulty for the actor. (p. 373)

[★]For a more complete discussion of types of role conflict see Gross et al, 1958.

In this investigation, role conflict is said to occur when the expectations held by Guidance Clinic staff differ from expectations held by the various alter groups. It is not necessary for the incumbent of the focal position to perceive that incompatible expectations exist. Rather, as Seeman suggests, the observer notes discrepancies between the actor's and alter's expectations. The current study describes the expectations held by the Guidance Clinic staff which differ from the expectations held by the various alter groups.

THE GUIDANCE CLINIC MOVEMENT

Early in the 1920's, increased attention and concern for the mental health of both adults and children was expressed by the medical profession (Kanner, 1966). As the mental health movement grew, many mental hospitals with psychiatric treatment were established. Traditionally, these hospitals were built on locations that were away from the mainstream of societal activity, either in a small town or on the extreme outskirts of some of the larger cities. However, as the mental health movement was extended to include the diagnosis and treatment of the mental disorders of children, it became apparent that the removal of a child from his or her home for psychiatric treatment was not desirable. Consequently, out-patient

departments of the mental hospitals were established to serve the children and adults who needed psychiatric treatment but who did not require hospitalization. In some areas, the psychiatric services for both in-patient and out-patient, adult and child clientele have remained as an integrated unit called a community mental health center.

Discussions in the literature written on the treatment facilities for mental disorders also include comments about the development of the comprehensive community mental health center and the development of child guidance clinics. Very often, there are only two differences between the two types of facilities: (1) the age range of clients, and (2) in-patient facilities as part of the clinic.

Foley and Sanders (1966) discuss the comprehensive community mental health clinic. In general, they describe an out-patient as well as in-patient residential treatment center which provides preventive services and after-care, that is, follow-up services which supplement the active treatment program. Foley and Sanders suggest that, in addition to diagnostic and therapeutic activity, the mental health clinic should include the following functions:

1. Provide ongoing consultation and education to personnel of other community agencies.

2. Delineate the need for new services and co-ordinate existing services.
3. Carry on an active program in evaluation and research, being particularly concerned with the development of instruments to measure program effectiveness.

Nixon (1957) discusses the functions of a guidance clinic but emphasizes the preventive role of the clinic by relating most of the activity of the clinic to prevention. He suggests that there is a four-fold preventive function of the guidance clinic:

1. To provide psychotherapy for children and their parents.
2. To train psychiatrists, social workers, clinical psychologists, and nursery school teachers.
3. To carry out research on mental health principles and professional practices.
4. To provide mental health education for professional and lay persons in the community who are working with children.

Another example of the functions of mental health clinics is provided by Robinson, Demarche, and Wagle (1960). In a description of the clinic, they say:

. . . the clinic accepted persons of any age . . . referrals came predominantly from the schools. Other sources of intake were largely self or family referrals, and some persons being advised to apply by the clergy, police, social agencies, and physicians. In turn, the clinic referred back to school counsellors, family service, and child placement agencies. Consultation conferences were held routinely with referring sources. (pp. 280-281)

In summary, mental health clinics usually encompass

a broader range of facilities and services. The two main differences are that mental health clinics accept individuals of any age, have in-patient as well as out-patient treatment, while the guidance clinics usually accept clients who are children or adolescents and are limited to out-patient treatment. However, there are activities suggested in the literature (Foley and Sanders, 1966; Nixon, 1957; Robinson et al, 1960) which both types of clinics should include:

1. Both clinics should see individuals for diagnosis.
2. Both clinics should see clients for treatment, in group or individual sessions.
3. Both clinics should engage in consultative activity with other community agencies.
4. Both clinics should be in research related to mental health.
5. Both clinics should have a preventive mental health program as part of its services.

DESCRIPTION AND HISTORY OF THE ALBERTA GUIDANCE CLINIC, EDMONTON

The first mental health or mental hygiene clinic in Edmonton was established in the fall of 1929, and the clinic team was composed of a psychiatrist from one of the mental hospitals and one other person who acted as a psychologist and social worker. A weekly or bi-monthly clinic was held in Edmonton until the establishment

of a full-time Guidance Clinic in 1948, with a professional staff of one psychiatrist, one psychologist, and one social worker.

The size of the Clinic has increased considerably since 1948. At the end of 1967, the full staff complement consisted of five psychiatrists, eight full-time and one half-time psychologists, nine social workers, and eleven clerical staff. In 1967, approximately 1100 new cases were seen in Edmonton along with approximately 450 review cases that had been seen previous to 1967 (Annual Report, Health Department, 1967). However, the above figures do not represent the full work-load of the Guidance Clinic at Edmonton. The Clinic staff spend a considerable amount of time conducting travelling Guidance Clinics throughout Northern Alberta excluding the Peace River District. In all, about twenty towns were visited and about 525 new cases and about 140 cases seen previous to 1967 were reviewed. Many of the clients seen by the Clinic, both in Edmonton and in rural Alberta, were seen once for diagnostic testing while other clients were seen intensively for up to thirty interviews for psychotherapy.

In summary then, the Alberta Clinic in Edmonton is relatively large and performs a significant function in the Edmonton area community social services.

The Alberta Guidance Clinic has objectives similar to those described under the heading of the Guidance Clinic Movement. In a mimeographed statement produced by the Alberta Guidance Clinic in Edmonton (December, 1967) the objectives of the Clinic were set out as follows:

A. To provide a preventive mental health service.

1. To offer a diagnostic and referral service.
2. To offer a treatment out-patient service.
3. To offer a consultative service.
4. To establish and promote liaison between family physician, teacher, minister, priest, community agencies, and referred families.

B. To promote public education in the mental health field.

1. To give talks and lectures to interested groups.
2. To lead seminars and discussion groups.
3. To show films and present tapes (audio only).
4. To use radio, television, and press whenever practical to do so.

C. To promote training programs.

To promote training programs that stimulate and deepen knowledge in psychiatry, social work, and psychology, particularly in the field of child development.

1. To work closely with University Departments of Psychiatry and Psychology, and with the School of Social Work.
2. To provide training by affiliation in the three professional disciplines of psychiatry, psychology, and social work.

D. To foster research.

To foster research with particular emphasis on evaluation and improvement of Guidance Clinic procedures.

1. To improve the diagnostic treatment and consultative services offered at the Clinic.
2. To establish the Guidance Clinic as a sound progressive and scientifically oriented unit. (p. 3).

In conclusion, the concepts of the functions of guidance clinics and mental health clinics that are presented in the literature are similar to the stated objectives of the Alberta Guidance Clinic in Edmonton.

CHAPTER III

DESIGN OF THE STUDY

Chapter III provides an overview of the design and procedure of the study. Included are discussions and descriptions of the sample obtained, the methodology used, and the questionnaire employed in the investigation.

THE SAMPLE

The sample consisted of professional representatives from eight separate groups. Specifically these groups were:

1. Guidance Clinic staff.
2. Social Workers who are members of the Alberta Association of Social Workers, Northern Division.
3. Welfare Workers who are employed by either the City of Edmonton Social Service Department or the Government of Alberta, Department of Public Welfare.
4. Welfare Workers who are employed by either the City of Edmonton Social Service Department or the Government of Alberta, Department of Public Welfare and are members of the Alberta Association of Social Workers. This group was separated from the rest of the welfare group because, unlike the others, this group contains only persons

with two or more years of professional preparation at a university.

5. School Counsellors employed by either the Edmonton Public School Board or the Edmonton Separate School Board.

6. School Principals employed by the Edmonton Public School Board or the Edmonton Separate School Board.

7. Pupil Personnel Psychologists and Social Workers employed by the Edmonton Public School Board or Edmonton Separate School Board.

8. Probation Officers employed by the Department of the Attorney General, Juvenile Offenders, and Probation Branch.

The above groups are not mutually exclusive. For example, a member of the Alberta Association of Social Workers may also be a Guidance Clinic staff member or a welfare worker. The samples were drawn in such a way that if an individual was a member of two groups, his name was included in the group that had the smaller sample size. In this way, a hierarchy was established. First, if a member of the Association of Social Workers was a Guidance Clinic member, he was included as a representative respondent of the Guidance Clinic. Second, if an Alberta Association of Social Workers member was also a welfare worker, he was included under a separate group of Welfare Workers who are members of the Alberta Association of Social Workers. Third, if a member of

the Alberta Association of Social Workers was a Pupil Personnel worker employed by a school board, he was included in the Pupil Personnel staff.

From the lists of personnel supplied by the co-operating agencies and the co-operating professional association , the Alberta Association of Social Workers, it was evident that the only group of participants which exceeded one hundred and fifty was the school principals. It was decided to include all the members of all the groups except school principals. Out of the total possible number of 187 principals, a stratified random sample of ninety-nine principals was drawn. Stratification was based on the relative proportion of school principals within each of the two Edmonton school systems. These selection procedures yielded an overall total of 507 individuals. Subsequent to the selection, questionnaires and covering letters were forwarded to each individual.

Of all the 507 questionnaires mailed, twenty-three were returned by the post office because the person had moved away and left no forwarding address. Sixty-four per cent of the remaining 484 questionnaires were returned by the respondents to the investigator. Eighteen of the questionnaires could not be used in the analysis of data because the respondent failed to complete all parts of the questions. A summary of the questionnaire returns is presented in Table I.

TABLE I

NUMBER OF QUESTIONNAIRES SENT AND RETURNED

Group	Number Sent	Undeliv- erable	Returned	Percent Re- turned of Delivered	Usable	Not Usable
Guidance Clinic	38	3	25	72	24	1
Welfare Workers Who are also Social Workers	18	0	10	56	9	1
Social Workers	68	14	36	69	33	3
Welfare Workers	92	6	43	50	41	2
Schools Principals	99	1	76	72	70	6
School Counsellors	142	0	92	63	89	3
Probation Officers	32	0	15	47	13	2
Pupil Personnel Psychologists and Social Workers	18	0	14	78	14	0
Totals	507	23	311	64	283	18

COMBINING OF GROUPS

Because the groups were not mutually exclusive, it was decided to examine the extent to which the responses on the questionnaire were similar for two types of groups, the social worker, welfare worker, and probation officer groups, and the three groups employed by the school systems. The implicit hypothesis was that since the groups were not mutually exclusive, they may be similar enough to combine into two larger groups. If it was found possible to reduce the number of groups, the remainder of the data analysis would thus be less complex. Therefore two sets of Kolmogorov-Smirnov Two-Sample comparison statistics were calculated.

The first set of Kolmogorov-Smirnov Two-Sample comparisons were between the four social service groups: social workers, welfare workers, social workers who are also welfare workers, and probation officers. There were only eight significant ($p < .01$) Kolmogorov-Smirnov Two-Sample tests out of a possible twenty-one hundred comparisons for the four groups. Therefore, these four groups were similar enough to be considered as one large group in the rest of the data analysis. This large group was termed the social service group (SS).

The second set of Kolmogorov-Smirnov Two-Sample comparisons concerned the groups employed by the two school systems: school principals, school counsellors,

and school psychologists and school social workers employed by Pupil Personnel Services. Twelve comparisons out of 350 between school principals and school counselors were significant at the .01 level. On the other hand, sixty-three out of 350 comparisons between school principals and pupil personnel psychologists and social workers were significant at the .01 level. Furthermore, sixty out of 350 comparisons between school counsellors and pupil personnel psychologists and social workers were significant at the .01 level. Therefore, school counselors and school principals were found similar enough to be considered as one large group for the remainder of the analysis of data. This large group was termed the school personnel group (SP). On the other hand, the responses of the school psychologists and school social workers were found not to be similar to either the school principals or the school counsellors. Consequently, the school psychologist-school social worker group (PPS) constituted a third distinct group.

THE QUESTIONNAIRE

Because of the limitations of time involved in personal contact with respondents, a most practical means of contacting a large number of individuals is through the medium of a mailed questionnaire.

In the review of the literature, the author failed to discover any studies which assessed the role of a

guidance clinic. There are studies, however, which assess the role of various positions in a school system, such as the role of the school counsellor (Dunlop, 1965), the role of the school superintendent (Finlay, 1961), the role of the junior high school co-ordinator (Hewko, 1965), the role of the school principal (Ewasiuk, 1966), and the school psychologist's role (Ross, 1964).

Since none of the studies concerned Guidance Clinics, questionnaires in the above studies were not applicable, in either format or specific information. Therefore, a new questionnaire was constructed by the author.

The questionnaire had seventy question stems with each stem being the stimulus for each of the five scales per stem. The subject was asked to respond to a minimum of two sub-parts of each question. The subject's response on the two primary "relevancy" scales determined to which of the other three scales he responded. If he responded "yes" on both "relevancy" scales, then he completed all five of the parts of the item. Figure 2 presents three examples. The first example shows a question on which the respondent answered all five parts of the question. The second example shows a question on which the respondent answered only two of the five scales. The third example shows a question on which a respondent answered all three of the "currently does" section but because of the "No" response on the "ideally should relevancy" scale,

	THE GUIDANCE CLINIC			CURRENTLY DOES			IDEALLY SHOULD		
	Relevancy			How Well			Frequency		
				Well	Adequate	Poorly	Often	Sometimes	Rarely
Example 1									
Visits homes	Yes			W	A	P	O	S	R
	No								
	Don't Know								
Example 2									
Sends written reports to parents	Yes			W	A	P	O	S	R
	No								
	Don't Know								
Example 3									
Provides marital counselling	Yes			W	A	P	O	S	R
	No								
	Don't Know								

FIGURE 2

EXAMPLES OF QUESTIONNAIRE ITEMS

only the one response was made on the "ideally should" section of the question.

Basically, there are two major parts to the questionnaire. The first part is a measure of the manner in which the professional perceives that which the Clinic currently does. The second part of the questionnaire is a measure of what the professional feels the Clinic ideally should be doing.

The "currently does" section is made up of three separate scales:

1. The "relevancy" scale which is designed to measure whether or not the professional perceives that the Guidance Clinic performs the activity specified by the question stem. The scale has three possible answers: "yes," "no," and "don't know."

2. The "proficiency" scale which is designed to measure how well the Guidance Clinic performs the activity specified by the question stem. The scale has three possible answers: "well," "adequate," and "poorly."

3. The "frequency" scale which is designed to measure how often the Guidance Clinic engages in the activity, specified by the question stem. The frequency scale has three possible responses: "often," "sometimes," and "rarely."

All respondents did not respond on every item on the "proficiency" and "frequency" scales. It was illogical

to ask the respondent how well or how often the activity was performed by the Guidance Clinic if he had made a response on the "relevancy" scale, which indicated that the respondent held the view that the Guidance Clinic did not perform the activity specified by the question stem. Similarly, if the subject had responded "don't know" on the "relevancy" scale, it was impossible for him to respond as to how well or how often the activity was performed. Consequently, only if the response was "yes" on the "relevancy" scale, was the subject instructed to respond on the "proficiency" and "frequency" scales.

What the Clinic ideally should be doing is measured by two separate scales:

1. The "ideally should relevancy" scale is designed to measure whether or not the professional feels that the Guidance Clinic should engage in the activity stated in the question stem. There are three response categories: "yes," "no," and "undecided."

2. The "ideally should frequency" scale is designed to measure how often the Guidance Clinic should engage in the activity stated in the question stem, provided that the response on the "ideally should relevancy" scale is "yes." If the respondent answers "no" or "undecided" on the "ideally should relevancy" scale, no response categories on the "ideally should frequency" scale are provided.

A copy of the questionnaire is provided in Appendix A.

The seventy item stems were designed to cover the following areas of Guidance Clinic activities:

1. diagnosis
2. treatment
3. preventive public education
4. consultation with other agencies and individuals
5. training of professional staff
6. research

The questionnaire was constructed with the assistance of seven of the Guidance Clinic social workers (September, 1967). The following procedure was used to establish the appropriateness of each item as an activity or potential activity of a guidance clinic. First, after the purpose of the questionnaire was presented, the social workers were asked to list all the Guidance Clinic activities a Guidance Clinic worker performs or should perform. In another meeting, after the author re-worded the statements of activities to fit the questionnaire format, the statements were resubmitted to the social workers. This time their judgment was solicited as to whether or not the activity, as worded in the statement, was an appropriate activity or an appropriate potential activity of a Guidance Clinic.

While the above procedure does not conclusively establish the validity of the questionnaire which can be thought of as a survey of opinions, the questionnaire is nevertheless

deemed a valid expression of the professional's opinion of the Guidance Clinic.

Attitude tests are most likely to be valid when the subject has no motive to conceal his attitude. (Cronbach, 1949).

Furthermore, Cronbach (1949) says that "the self-report test has, by definition, a high degree of validity." Therefore, since the questionnaire used in this study is a self-report type inventory of attitudes towards the Guidance Clinic, and since the professional appears to have no motive to conceal his attitude, the questionnaire is a valid measure of the professional's attitudes and opinions of the Guidance Clinic.

The questionnaire also appears to possess test-retest reliability. While the assumptions that are necessary for the calculation of correlation coefficients are not met, subjective, observational data indicate that there is a high degree of similarity between initial responses and subsequent responses when the questionnaire is re-administered. Seven Guidance Clinic professionals completed two questionnaires with a time space between administrations of about six weeks. Of the possible 2450 responses for the seven individuals, forty-one (1.6 per cent) responses were not identical to the original response. Only three of the non-identical responses were on either the "relevancy" or "ideally should relevancy" scales. Thus it appears that a professional's opinion of what the

Guidance Clinic does is relatively constant over a short interval of time.

PROCEDURE

The following procedure was used in conducting this study:

1. Permission to conduct the study was requested from the administrators of the two welfare departments, from the administrators of the two school boards, from the administrators of the Department of the Attorney General, Juvenile Offenders and Probation Branch, from the administrators of the Guidance Clinic, and from the executive of the Alberta Association of Social Workers, Northern Division. Permission to mail a questionnaire to each member of each group was granted by the respective administrators.

2. The sample was drawn as described in an earlier section of this chapter, using the lists of personnel supplied by the administrators from whom permission was obtained.

3. A questionnaire, with an attached letter of introduction (see Appendix A) and a self-addressed, stamped envelope for returning the questionnaire was sent to each individual included in the sample. The questionnaire was mailed early in January, 1968.

4. Approximately three weeks after the questionnaire was mailed, a notice of reminder was sent to each respondent who had not returned the questionnaire. A sample of the

first reminder is included in Appendix B.

5. A second, final notice of reminder was sent to each member of the sample who had not returned the questionnaire. The second letter of reminder was sent approximately five weeks after the mailing of the questionnaire. A copy of this letter of reminder is included in Appendix C.

6. After the questionnaires were returned, the questionnaire answers were transferred from the questionnaire on to IBM 1230 answer sheets by the author and his assistant. Approximately fifteen spot checks made at random on the transferring revealed an incidence of less than one improperly transferred item per questionnaire.

7. The data were punched automatically by IBM 1230 Optical scorer on to IBM punch cards which were used in the analysis of data.

8. Finally, the data were analyzed using the Kolmogorov-Smirnov Two-Sample Test (Seigel, 1956). This statistic, which is a special case of chi-square, tests to see if the cumulative frequency distribution of the three possible answers to each question part are the same for two samples. Since only two samples can be compared at any one time, using the Kolmogorov-Smirnov analysis, the comparison of Guidance Clinic (GC) group with the social service (SS) group, the school personnel (SP) group, and the pupil personnel (PPS) group required three comparisons for each

question part. Thus there were a total of 1350 comparisons after the groups were combined.

When a significant difference ($p < .01$) between the cumulative frequency distribution of two samples is found to exist, the direction of the difference can be determined by visual inspection. The Kolmogorov-Smirnov test does not include information about the direction of the significant difference.

CHAPTER IV

STATISTICAL ANALYSES AND FINDINGS

Complete tables of results, question by question, are presented in Appendix D, a descriptive summary only of the results is presented in this chapter.

FINDINGS WITH REGARD TO THE FREQUENCY OF "DON'T KNOW" RESPONSES

A large number of "don't know" responses were made by the social service (SS) and school personnel (SP) groups on the "relevancy" scale. On forty-eight of the seventy "relevancy" items, at least one-third of the SP group responded "don't know." On thirty-five of the "relevancy" items, at least one-third of the SS group responded "don't know." One third or more of the PPS group responded "don't know" on twelve of the "relevancy" items. On the other hand, on the "ideally should relevancy" scale, there were only two questions on which more than one-third of one of the alter groups responded "undecided." In summary, then, there were a large number of professionals who responded "don't know" on many of the questionnaire "relevancy" items, but there are less "don't know" responses on the "ideally should relevancy" scale than on the "currently does relevancy" scale.

The two "relevancy" scales have two opposite positions: "knowing" on the one extreme, which includes the "Yes" and "No" responses, and "not knowing" on the other extreme, which includes the "don't know" and the "undecided" responses. By responding either "Yes" or "No," the individual is claiming that he has sufficient information to make the choice as to whether or not the activity stated in the question stem is, or is not an activity of the Guidance Clinic. By responding "don't know," the professional is indicating that he has insufficient knowledge of the Guidance Clinic to make the judgment. By responding "undecided" on the "ideally should relevancy" scale, the professional is indicating that his opinion is insufficiently clear to indicate whether or not the activity stated in the question stem is appropriate to the Guidance Clinic.

Therefore, since there are fewer "don't know" type responses on the "ideal" section than on the "current" section of the questionnaire, it appears that the non-Clinic professionals were somewhat more clear in their opinion of what the Clinic ideally should be doing than they were in their opinion of what the Clinic currently does.

FINDINGS WITH REGARD TO THE DIFFERENCES BETWEEN
THE ALTER GROUPS AND THE GUIDANCE CLINIC IN
THE PERCEPTION OF WHAT THE GUIDANCE
CLINIC CURRENTLY DOES

An inspection of the significant Kolmogorov-Smirnov analyses shows that the total chi square value was unduly influenced by the large number of "don't know" responses. Differences in the frequency distributions of the "Yes" and "No" responses on the "relevancy" scale, the "well," "adequate," and "poorly" responses on the "proficiency" scale; and the "often," "sometimes," and "rarely" responses on the "frequency" scale were obscured by the large number of "don't know" responses made by the various alter group members. Therefore, additional chi square values were calculated in such a manner as to partial-out the confusing effect of the "don't know" responses. The question parts superscripted "a" in Appendix D represent the items on which the Guidance Clinic and the specified alter groups differed significantly ($p < .01$) after the partialing-out procedure.

The following eleven role expectations are a condensed form of the results presented in Appendix D. Only the activities on which at least one of the alter groups and Guidance Clinic group differed are discussed.

1. Assessment and Treatment of Individuals Who Have
Broken the Law

On this dimension, the social service (SS) group saw the Clinic as not offering treatment to the law breakers, whereas Guidance Clinic staff perceived that the Clinic does offer this service. The school personnel (SP) group perceived that the Guidance Clinic did not assess juvenile delinquents as frequently as the Guidance Clinic group perceived that they did.

2. Diagnosis and Medical Treatment of Epilepsy

A larger proportion of the SP group than of the Clinic personnel group perceived that epilepsy was diagnosed at the Guidance Clinic. A large number of the SS group and SP group perceived that the Guidance Clinic medical staff did not medically treat epilepsy whereas about two-thirds of the Guidance Clinic staff perceived that epilepsy was medically treated at the Guidance Clinic.

3. Prescription of Drugs

All of the Guidance Clinic members perceived that drugs were prescribed to some clients as part of treatment at the Clinic, whereas, only two-thirds of the SP group perceived that drugs were used as part of the Guidance Clinic treatment program.

4. Provide Family and Marital Counselling

The Guidance Clinic staff perceived that family and marital counselling was conducted at the Guidance Clinic. On the other hand, approximately eighty per cent of the SS and SP groups perceived that Guidance Clinic members did not conduct marriage counselling and about forty per cent of the members of these two groups perceived that the Clinic members did not conduct family therapy.

5. Eugenical Sterilization

Approximately one-half of the respondents of the three alter groups who did not respond "don't know" on the "relevancy" scale, perceived that the Guidance Clinic did not assess individuals who were thought to be candidates for sterilization. On the other hand, all of the Guidance Clinic staff perceived this as one of the services performed by the Guidance Clinic.

6. Assessment of Vocational Interests

About one-third of the Guidance Clinic members perceived that interests were not assessed at the Guidance Clinic, whereas about three-quarters of the SP group perceived that the Guidance Clinic staff did not assess vocational interest.

7. School and Home Visits

Most of the Guidance Clinic members perceived that schools and homes were visited by Guidance Clinic members. On the other hand, three-quarters of the members of the SS and SP groups perceived that the Guidance Clinic staff did not visit schools and slightly over one-half of the members of the two groups perceived that the Guidance Clinic staff did not visit homes.

8. Research

Approximately two-thirds of the Guidance Clinic staff perceived that research on various dimensions of children's problems was not conducted at the Guidance Clinic, whereas, two-thirds of the SS and SP groups who did not respond "don't know" perceived that this type of research was being conducted at the Guidance Clinic.

9. Training Center for Social Workers, Psychologists, and Psychiatrists

Guidance Clinic staff perceived that the Guidance Clinic was a training center for the three disciplines, whereas the SS and SP groups perceived that the Guidance Clinic was not a training center.

10. Reports to Parents

All the Guidance Clinic staff perceived that no

reports were sent to parents, whereas two-thirds of the SP group perceived that written reports were sent to parents.

11. Prompt Attention to Referrals

The Guidance Clinic staff perceived that clients were seen soon after the referral had been made, whereas the SS group perceived that clients were not seen soon after the referral had been made.

FINDINGS WITH REGARD TO PROFICIENCY

In general, on the "proficiency" scale the Guidance Clinic staff tended to rate their performance of the activity stated in the question stem lower than did the alter groups on the items which showed differences ($p < .01$) between the Clinic staff and the alter groups. The only item on which the Guidance Clinic members rated their proficiency higher than that rated by the alter groups is on the question which has as its stem, "See clients soon after a referral has been made."

FINDINGS WITH REGARD TO THE DIFFERENCES BETWEEN THE RESPONSES ON THE TWO RELEVANCY SCALES

For some items, a twenty-five per cent or more disagreement rate was found between the response to relevancy of the service and the response to what ideally should be. To aid presentation, these items are classified

into two types. The first classification represents all items which the Clinic group or the PPS group or both, perceived as descriptive of actual practice but not really appropriate. The second classification by the Clinic group or an alter group as appropriate, but unavailable Clinic services.

The five questions listed in Table II are significant in that they are the only questions which were consistently agreed upon as being descriptive of a current inappropriate Guidance Clinic role.

TABLE II

QUESTIONS WHICH ARE ASPECTS OF THE ROLE OF THE GUIDANCE CLINIC THAT WERE DEEMED INAPPROPRIATE BY AT LEAST TWENTY-FIVE PER CENT OF THE GROUP(S) LISTED IN PARENTHESES

Question Number	Question
9.	Recommend special educational procedures (GC and PPS)
11.	Advise on special educational placement (GC)
45.	Diagnose reading problems (GC)
51.	Assess suitability of a particular educational program for a particular individual (PPS)
63.	Assess factors related to poor school progress (PPS)

An examination of the content of the questions which are presented in Table II reveals that all the items pertain to activities which could also be part of the job of educational psychologists employed by a school board.

Thus there seems to be some conflict as to who should or should not be performing the activities stated in the question stem. At least twenty-five per cent of the sampled professionals held the opinion that the activity should not be performed by the Guidance Clinic. Therefore, these activities would possibly be more appropriate for the pupil personnel services of a school board.

There are five aspects of the role of the Guidance Clinic which at least twenty-five per cent of the Clinic group or an alter group perceived as not being part of the service role of the Clinic but which ideally should be. Table III provides a listing of these latter five aspects.

FINDINGS WITH REGARD TO THE SMALL EXTENT OF ROLE CONFLICT BETWEEN THE PPS GROUP AND THE GUIDANCE CLINIC STAFF

The PPS group had perceptions and expectations of the Guidance Clinic which were so similar to the perceptions of the Guidance Clinic staff that the two groups could have been combined using the same procedure as was described in Chapter III. However, the groups were

TABLE III

QUESTIONS WHICH WERE DEEMED APPROPRIATE FOR THE GUIDANCE
CLINIC BUT WHICH WERE PERCEIVED AS NOT BEING
PERFORMED BY AT LEAST TWENTY-FIVE PER CENT
OF THE GROUP(S) LISTED IN PARENTHESES

Question Number	Question
14.	Assess individuals of all ages, children, adolescents, and adults (PPS).
31.	Assist in the planning of new facilities for treatment (GC).
33.	Advertise on radio and television programs as part of a preventive mental health program (GC and PPS).
62.	Perform research on various dimensions related to children's problems (GC).
70.	Provide counselling for adoptive parents after adoptive procedures are completed (GC).

separated because the Guidance Clinic was in the focal position and the PPS group occupied a counter position. The closeness in perception could be attributed to the close working relationship between the Guidance Clinic staff and the pupil personnel staff.

APPENDED COMMENTS

Some of the perceptions of, and expectations of the Guidance Clinic were measured by the questionnaire. However, some of the respondents wrote comments on the questionnaire which expressed attitudes about the Guidance Clinic which were not evident in the questionnaire itself. Some of the comments were positive and complimentary to the service of the Guidance Clinic, while other comments indicated that the author of the comment was antagonistic and held negative feelings towards the Clinic. A list of all the comments is provided in Appendix E.

CHAPTER V

DISCUSSION AND IMPLICATIONS

A discussion of the results of this investigation is presented in this chapter. The implications of the study with regard to the service emphasis of the Guidance Clinic is considered. Finally, proposals and hypotheses for further research arising from, or relating to, this investigation are presented.

DISCUSSION OF THE NUMBER OF "DON'T KNOW" RESPONSES

One of the more important findings of this study is that many professionals, who currently refer clients to the Guidance Clinic, are not aware of the types of services that are provided by the Guidance Clinic. This situation may exist because the professional concerned may not have had any contact with Guidance Clinic personnel. Because the professional has had little contact with the Clinic he may also know little about the Clinic. On the other hand, since the professional has little information on what the Guidance Clinic does, its aims and purposes, he probably will have little contact with the Clinic. Therefore, it is possible that a self-perpetuating cycle exists as diagrammed in Figure 3. In

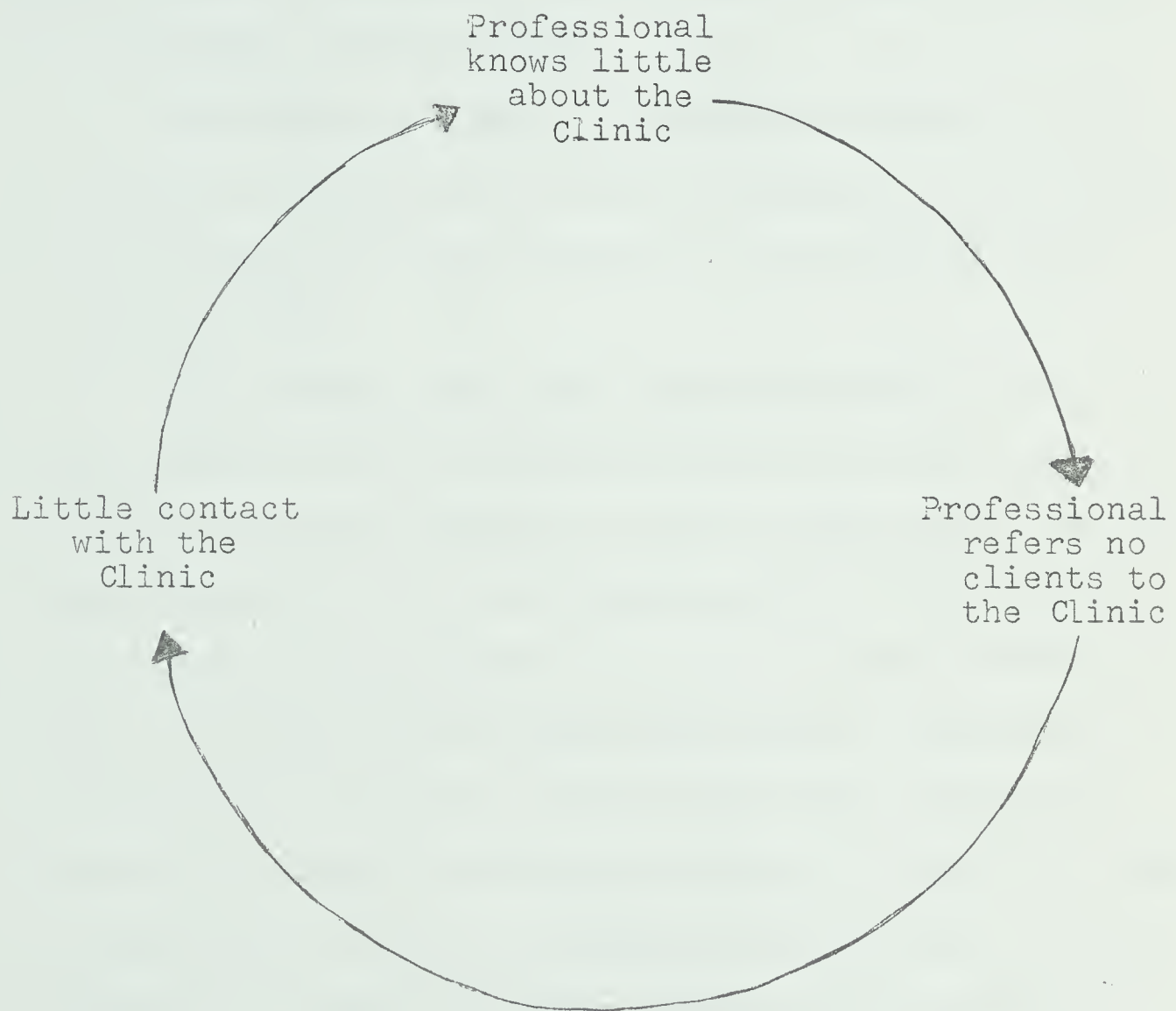


FIGURE 3

A POSSIBLE SELF - PERPETUATING CYCLE

order to overcome the difficulty the self-perpetuating cycle presents, the author proposes that an intervening variable be interjected into the cycle. By the Guidance Clinic expressing its aims, activities, and goals, in an organized public relations program, more information about the Guidance Clinic would be made available to non-Clinic professionals.

The extent to which the Guidance Clinic is able to provide professionals with information can be thought of as a measure of the success of the Clinic's public relations work.

At present, then, it appears that the public relations work of the Guidance Clinic is inadequate and it is the author's opinion, based on the results of this investigation, that a more active public relations program needs to be developed in order to make information about the Clinic more readily available. Addresses at conventions such as the Alberta Teachers' Association conventions, talks to interested groups of parents, panel discussions with pupil personnel staff at school staff meetings, and talks at other agencies and in-service training seminars about Guidance Clinic services are some of the approaches that could be used by the Guidance Clinic to increase the amount of information available to professionals and lay members of the community.

On the other hand, part of the apparent lack of information is not necessarily a direct result of an inadequate public relations program, but rather it is possibly a function of the professional's academic training. At places such as the University of Alberta, Department of Educational Psychology, and Department of Psychology, the functions of the various community organizations are not formally taught in either the counsellor training programs or in the clinical psychology programs. What an agency does, that is, the types of cases that are suitable to its functions, are learned by chance, rumor, or by personal contact with clients or the staff of a particular agency. It is the author's contention that much of the chance factor in acquiring knowledge of an agency such as the Guidance Clinic could be eliminated if the respective university departments invited an agency member to speak about some of the problems confronting that agency. By introducing this procedure, school counsellors and clinical psychologists would have some knowledge of Guidance Clinic services. Furthermore, the same procedure of explaining the functions of a guidance clinic could be used to inform other professional groups such as teachers and social workers.

DISCUSSION OF EDUCATIONAL ASSESSMENTS AND EDUCATIONAL RECOMMENDATIONS

Since neither reading specialists nor educational psychologists with teaching experience are employed by the Guidance Clinic, it is reasonable that many Clinic members feel that this agency should not be involved with educational assessments. The pupil personnel group also appear to hold the opinion that educational assessment recommendations should not be part of the services offered by the Guidance Clinic. Until the pupil personnel services of the local school boards were established, there were no psychological assessment facilities for school children other than those offered by the Guidance Clinic. The gradual shift of the responsibility of educational assessments from the Guidance Clinic staff to the pupil personnel staff is incomplete at present.

Intake policy appears to need clarification especially in the area of reading and other educational problems. It seems logical that recommendations for remedial attention in specific areas such as reading should be made by persons who have knowledge of this specialty. That is, assessment and referral should not be the role of professionals whose abilities are centered in other than educational areas.

DISCUSSION OF FINDINGS RELATED TO PREVENTIVE MENTAL HEALTH SERVICES

Preventive mental health is an area which interests the administrators of many social agencies. Also, a significant number (at least twenty-five per cent) of both the GC and PPS groups offered the opinion that the Guidance Clinic should be involved in a preventive mental health program. Presently, the Guidance Clinic is involved with one aspect of prevention, the detection and treatment of mental disorders early in life. However, there are other aspects of preventive mental health with which the Guidance Clinic could become involved. The education of the lay public by means of mass media and lectures to interested groups, concerning the symptoms and difficulties which should receive professional attention, could be an aid to the prevention of some mental disorders.

At least twenty-five per cent of the PPs and the GC groups hold the opinion that the Clinic does not, but should, advertise by way of the mass media as part of a preventive mental health program. Therefore, it is the author's opinion that the administrators of the Clinic possibly should show increasing concern and action in this direction.

By bringing the problems of children and adults to the attention of the public, it is possible that

those individuals with mental disorders and/or difficulties in adjusting to one's environment could receive professional attention more promptly.

DISCUSSION OF OTHER ALTER GROUPS

Questionnaires were not sent to all the alter groups which may influence the Guidance Clinic. Medical practitioners, for example, were not included and teachers were not requested to complete a questionnaire since referrals from the schools are screened by school psychologists, principals, and counsellors. Another alter group which affects Guidance Clinic's role performance is the administrators of the Department of Health.

The administrators' opinion is the most crucial for the Guidance Clinic because it is the administrators who determine Guidance Clinic policy and they make the ultimate decisions, as to how the money allotted to the Guidance Clinic is spent. Consequently, although there is some flexibility in the manner in which the Guidance Clinic is operated, the role performance of the Guidance Clinic is affected directly by the role expectations of the Department of Health administrators. The implication is that although Clinic and non-Clinic professionals may agree that a certain activity is both appropriate and very desirable as part of the role of

the Guidance Clinic, nevertheless, it is the administrators of the Department of Health who decide whether or not an activity is implemented as a part of the Clinic's role.

DISCUSSION OF RATED PROFICIENCY

On many of the items, the alter groups proficiency ratings of the Guidance Clinic did not appear to be different from the Guidance Clinic group. However, on the items which appeared to show a significant difference in rated proficiency, the Guidance Clinic staff rated their performance as less adequate than the rated performance shown by the alter groups on all but the question which had as its stem "See clients soon after a referral has been made."

It is the author's opinion that the difference in rated proficiency could partially be attributed to the average level of academic and practical experience of the professional staff of the Clinic. Of the questionnaires returned, only six of the twenty-four Guidance Clinic respondents had completed at least a master's degree. As a group, the Guidance Clinic staff are not satisfied with some aspects of the work they produce. However, if staff with better academic training were employed at the Clinic, possibly the Clinic professionals would have a greater degree of

confidence in the quality of work done at the Clinic. It may be argued then, that as staff with better academic qualifications, as well as more clinical experience, are attracted to the Clinic, that the rated proficiency of Clinic role performance will be more favorable and less deprecatory.

DISCUSSION OF ROLE PERFORMANCE CHANGE AS A RESULT OF A TIME FACTOR

In attempting to explain the discrepancy of role perception between the Guidance Clinic group and the alter groups, one should also consider that the role performance of the Clinic is constantly changing. For example, the Clinic is in the process of changing from basically a diagnostic clinic to a clinic which is more treatment oriented. Another example of changing role performance is shown by the length of time a client waits for an initial appointment. During the author's two and one-half years of employment at the Clinic, the waiting list varied between five and one-half months (1965) and one and one-half weeks (1967).

Some of the persons responding to the questionnaire could be reacting to the role performance of early 1965, while others could be reacting to the questionnaire on the basis of a recent contact, late in 1967. Thus, some of the differences between the Guidance Clinic

members' perception of the expectations of Guidance Clinic and some of the alter groups' expectations could be accounted for on the basis of lag between a change in role performance and the perception of the change in role performance. The length of time lag is most likely related to the number of personal contacts with the Guidance Clinic per year.

DISCUSSION OF EUGENICAL STERILIZATION

Many of the respondents did not know if the Clinic was involved with the assessment of candidates for eugenical sterilization. The respondents who did not respond "don't know" perceived that this function was not part of the Guidance Clinic role performance. Perhaps, because this type of assessment is rather infrequent, the fact that the Guidance Clinic is sometimes involved has not been included in the role of the Clinic.

DISCUSSION OF SCHOOL AND HOME VISITS

Until recently (within the past year), visits to homes and to schools were not encouraged by Guidance Clinic administrative staff. Until this time, for example, it was policy that only the psychiatrists, the senior psychologist, and the senior social worker, were able to claim mileage for out-of Clinic trips. Within the last year, this policy has changed so that other personnel

can visit homes and schools with proper remuneration for the use of their automobile. However, the perception of this change in policy which affects role performance has not yet been perceived by the non-Clinic professionals included in this study. This may possibly be because school or home visitation is relatively infrequent.

DISCUSSION OF RESEARCH

To the author's knowledge, there has been no published research emanating from the Clinic itself related to the types of child-problems dealt with at the Clinic. Individual staff members have participated in research projects (Haryett et al, 1967, Davidson et al, 1967) mainly as something over and above their regular caseload. Other staff members have done research on their own in conjunction with a thesis or dissertation for an academic degree. In general though, contrary to the opinion of non-Clinic professionals, little research is conducted at the Clinic. The author finds it difficult to guess why some non-Clinic professionals hold the opinion that research is conducted at the Clinic. However, a large amount of information is contained in Clinic case files which could possibly be used for research purposes.

DISCUSSION OF THE GUIDANCE CLINIC AS A TRAINING CENTER

Guidance Clinic staff hold the opinion that the Clinic is a training center for the three disciplines: psychology, psychiatry, and social work. The SP and SS groups do not hold the same opinion. Part of the difference between the opinion of the GC group and the SS and SP groups could be in the interpretation of the meaning of "training center."

Training center could have two meanings. One meaning is that a training center is a place where lectures are held in which the theory is presented and where a practicum is provided where the theory can be tested and tried under staff supervision. This definition implies that experience is acquired under the close guidance of a person who is an expert in the area of training. Moreover, it implies that lectures are given as part of the training program. However, while the above definition may have been the idea that was used by the SP and SS groups, it is the author's impression that the Guidance Clinic staff utilized a different definition. By a training center, some Clinic members may mean that the Clinic is a place to acquire experience. Experience in their frame of reference, is equated with training.

In conclusion, it may be that part of the discrepancy between the groups on the three questions which contain the words "training center," can be accounted for in the different connotations of "training center."

DISCUSSION OF REPORTS TO PARENTS

From the time that the Clinic was established, it has not been the policy of the Clinic to send written reports to parents. Usually, when a child is referred to the Clinic, after the intake assessment is complete, an interpretive discussion is initiated with the parents. The school personnel group was not aware that reports are not sent to parents. In this instance, then, role performance was discrepant with perceived role performance.

DISCUSSION OF MARITAL AND FAMILY COUNSELLING

According to the results presented in Chapter IV, the Guidance Clinic is not perceived by non-Clinic professionals as being an agency which does marital or family counselling. Clinic staff, on the other hand, perceived that marriage and family counselling is part of the role performance of the Clinic. Sometimes, the marital problems of the clients parents are found to contribute to the difficulty of the client. Sometimes,

Clinic personnel, thus, may feel that it is advantageous to deal first with the marital disharmony.

Again the idea of better public relations becomes important. As the non-Clinic professionals gain a better understanding of how the problems of children are treated at the Clinic, it could be expected that the role perception of the Clinic would be less discrepant with the perceptions of the non-Clinic and Clinic professionals.

IMPLICATIONS FOR RESEARCH

There are several studies which could arise from a consideration of the findings and implications of this study. Three very broad outlines of possible research are offered, hereafter.

1. The attitudes expressed by the comments in Appendix E could lead to a study of the currency and frequency of these beliefs. For example, what are the reasons as to why some of the non-Clinic professionals hold negative attitudes towards the Clinic? It may be that such negative views are based on past performance, poor service, slow service, lack of communication, or misunderstanding. These are all variables which should be taken into consideration in future studies. However, many related questions remain. For example:

- a. To what extent is the Guidance Clinic

seen as mainly a diagnostic-assessment service?

- b. To what extent are other agencies providing some of the same services as the Guidance Clinic?
- c. If more publicity is given to the Guidance Clinic, to what extent will non-Clinic professionals be better informed of the services provided by the Guidance Clinic?

Additional ideas for follow-up, which occur to the author are:

2. If a program to increase the amount of information available to professionals concerning the services offered by the Clinic is tried, it would be interesting to see if the frequency of "don't know" responses diminishes, using a sample of the same respondents as were used in this investigation.

3. It would be interesting to determine if professionals in rural areas hold expectations of the Guidance Clinic which are similar to the expectations of the professionals in the City of Edmonton. The author would hypothesize that there would be a high degree of similarity on most items. Probably the area of Guidance Clinic role which would be most dissimilar, would be the area of educational assessment and educational recommendations, because most rural school divisions do not have active pupil personnel departments.

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A P P E N D I C E S

- Appendix A. Questionnaire and Letter of Introduction
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A P P E N D I X A

QUESTIONNAIRE AND LETTER OF INTRODUCTION

APPENDIX A

QUESTIONNAIRE AND LETTER OF INTRODUCTION

Dear fellow professional,

The accompanying questionnaire deals with a study which I am conducting as a graduate student in educational psychology, University of Alberta. This study, under the supervision of Dr. H. W. Zingle, is required for the completion of my thesis in the Master of Education program.

This research program is concerned with the way professionals view the current role of the Guidance Clinic in Edmonton. The project also tries to measure what professionals feel that the ideal role of the Alberta Guidance Clinic should be.

I would be grateful if you would assist me in this research by completing the enclosed questionnaire at your earliest convenience. Your name is not required since the information will not deal with individual cases.

If you have any enquiries, feel free to contact me by phone at my residence (477-6994).

Thanking you in advance for your co-operation.

Yours truly,

Donald E. Orn

EXPECTATIONS AND PERCEPTIONS OF THE ROLE OF THE EDMONTON GUIDANCE CLINIC

INSTRUCTIONS:

Please respond to the following questions about the Edmonton Guidance Clinic. Although at times you may feel that you do not have sufficient information, the responses still have meaning within the framework of this study.

There is a range of responses from five down to a minimum of two responses for each question. Each question is divided into two parts:

1. The Guidance Clinic currently does:

This portion of the question is in three parts. If you chose the "yes" response under Relevancy, meaning yes the Guidance Clinic does engage in the activity stated, then go on to make responses under the "How Well" column and "Frequency" column. If, on the other hand, your response in the first column is "No" or "Don't Know," then proceed to the next part of the same question as indicated in the next section.

2. The Guidance Clinic Ideally Should:

Once again, make your choice under the "Relevancy" column. If this response is "Yes" meaning yes the Guidance Clinic should engage in the activity stated in the question stem, then proceed to the frequency column and indicate how often the Guidance Clinic should engage in the activity. If your response is "No" or "Undecided" proceed to the next question.

	THE GUIDANCE CLINIC CURRENTLY DOES			IDEALLY SHOULD		
	Relevancy	How Well	Frequency	Relevancy	Frequency	
		Well Adequate Poorly	Often Sometimes Rarely		Often Sometimes Rarely	
E.G. 1 Blow Clients' noses	(Yes) → No Don't Know	W A (P)	(O) S R	(Yes) → No Undecided	O S (R) To Next Question	
E.G. 2 Counsel delinquent drivers	Yes No Don't Know	W A P To IDEALLY SHOULD	O S R	(Yes) → No Undecided	(O) S R To Next Question	
E.G. 3 Advise on special bus schedules	Yes (No) → Don't Know	W A P To IDEALLY SHOULD part	O S R	Yes (No) → Undecided	O S R To Next Question	

THE GUIDANCE CLINIC

CURRENTLY DOES

IDEALLY SHOULD

	Relevancy	How Well			Frequency			Relevancy	Frequency		
		Well	Adequate	Poorly	Often	Sometimes	Rarely		Often	Sometimes	Rarely
7. Offer personality testing	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		
8. Assess physically handicapped individuals intellectually and socially	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		
9. Recommend special educational procedures	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		
10. Offer treatment in the form of individual therapy	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		
11. Advise on special educational placement	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		
12. Offer treatment in the form of group therapy	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		
13. Assist in the giving of public information on mental health	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		

THE GUIDANCE CLINIC

CURRENTLY DOES

IDEALLY SHOULD

	Relevancy	How Well			Frequency			Relevancy	Frequency		
		Well	Adequate	Poorly	Often	Sometimes	Rarely		Often	Sometimes	Rarely
14. Assess individuals of all ages, children, adolescents, and adults	Yes No Don't Know	N A P			O S R			Yes No Undecided	O S R		
15. Send reports to medical doctors	Yes No Don't Know	N A P			O S R			Yes No Undecided	O S R		
16. Act as a training center for social workers	Yes No Don't Know	N A P			O S R			Yes No Undecided	O S R		
17. Act as a consultative service to the court (Family, Juvenile, Magistrate, etc.)	Yes No Don't Know	N A P			O S R			Yes No Undecided	O S R		
18. Assess individuals who because of maladaptive behavior are unable to function within society	Yes No Don't Know	N A P			O S R			Yes No Undecided	O S R		
19. Practice confidentiality	Yes No Don't Know	N A P			O S R			Yes No Undecided	O S R		

THE GUIDANCE CLINIC

CURRENTLY DOES

IDEALLY SHOULD

	Relevancy	How Well			Frequency			Relevancy	Frequency		
		Well	Adequate	Poorly	Often	Sometimes	Rarely		Often	Sometimes	Rarely
20. Assess and refer appropriate candidates for the Glenrose School Hospital Emotionally Disturbed Children's Unit	Yes No Don't Know	N A P	O S R					Yes No Undecided	O S R		
21. Medically treat individuals who have various forms of epilepsy	Yes No Don't Know	N A P	O S R					Yes No Undecided	O S R		
22. Assess those individuals who society consider to be sexual deviates (incest, transvestities, homosexual, etc)	Yes No Don't Know	N A P	O S R					Yes No Undecided	O S R		
23. Assess intelligence	Yes No Don't Know	N A P	O S R					Yes No Undecided	O S R		
24. Assess only individuals who are under age sixteen	Yes No Don't Know	N A P	O S R					Yes No Undecided	O S R		
25. Assess individuals who are thought to be candidates for eugenical sterilization	Yes No Don't Know	N A P	O S R					Yes No Undecided	O S R		

THE GUIDANCE CLINIC

CURRENTLY DOES

IDEALLY SHOULD

	Relevancy	How Well			Frequency			Relevancy	Frequency		
		Well	Adequate	Poorly	Often	Sometimes	Rarely		Often	Sometimes	Rarely
26. Assist parents to learn ways of managing a child who has brain dysfunction, that is counsel and advise parents in the handling and discipline of the "brain-damaged child."	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
27. See parents when their child is seen	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
28. Act as a training centre for psychiatrists	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
29. Assess those individuals who are juveniles and have broken the law	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
30. Send reports to the various referral sources	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
31. Assist in the planning of new facilities for treatment	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R

THE GUIDANCE CLINIC

CURRENTLY DOES

IDEALLY SHOULD

	Relevancy	How Well			Frequency			Relevancy	Frequency		
		Well	Adequate	Poorly	Often	Sometimes	Rarely		Often	Sometimes	Rarely
32. Prescribe drugs as part of the treatment program (that is the medical staff only)	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		
33. Advertise on radio and T.V. programs as part of a preventive mental health program	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		
34. Send reports to schools	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		
35. Point out the necessity of reading assessments	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		
36. See clients soon after a referral has been made	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		
37. Participate in a preventive mental health program	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		
38. Treat family disharmony through family therapy	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		

THE GUIDANCE CLINIC

CURRENTLY DOES

IDEALLY SHOULD

	Relevancy	How Well			Frequency			Relevancy	Frequency		
		Well	Adequate	Poorly	Often	Sometimes	Rarely		Often	Sometimes	Rarely
39. Assess only individuals who are under age twenty-one	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		
40. Provide counseling for parents of retarded children	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		
41. Perform treatment in the form of institutional care	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		
42. Assess those individuals who are adults and have broken the law	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		
43. Charge for its services	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		
44. Make school visits	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		
45. Diagnose reading problems	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R		

THE GUIDANCE CLINIC

CURRENTLY DOES

IDEALLY SHOULD

	Relevancy	How Well			Frequency			Relevancy	Frequency		
		Well	Adequate	Poorly	Often	Sometimes	Rarely		Often	Sometimes	Rarely
46. Assess those who are suspected of having some brain dysfunction (brain damage)	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
47. Consult with most other community agencies	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
48. Assess individuals who have emotional disorders	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
49. Offer therapy or counselling to those individuals who are unable to get along with (relate to) his or her peers	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
50. Act as a training centre for psychologists	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
51. Assess suitability of a particular educational program for a particular individual	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R

THE GUIDANCE CLINIC

CURRENTLY DOES

IDEALLY SHOULD

	Relevancy	How Well			Frequency			Relevancy	Frequency		
		Well	Adequate	Poorly	Often	Sometimes	Rarely		Often	Sometimes	Rarely
52. Assess individuals who are suspected of being intellectually retarded	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
53. Diagnose emotional factors which may be suspected to be part of a learning problem	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
54. Provide marital counselling	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
55. Visit homes	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
56. Treat individuals who because of maladaptive behavior are unable to function with society	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
57. Provide a traveling diagnostic centre	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
58. Assess individuals who have a very high level of intelligence and are considered to be special educational candidates	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R

THE GUIDANCE CLINIC

CURRENTLY DOES

IDEALLY SHOULD

	Relevancy	How Well			Frequency			Relevancy	Frequency		
		Well	Adequate	Poorly	Often	Sometimes	Rarely		Often	Sometimes	Rarely
59. Provide assistance and counselling to the parents when the children are in treatment	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
60. Give public lectures on its services to such groups as parents, Alberta Teacher Conventions, medical conventions, and other interested groups	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
61. Operate a centre which provides daycare treatment	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
62. Perform research on various dimensions related to children's problems	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
63. Assess factors related to poor school progress	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
64. Assess family dynamics (or families)	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R

THE GUIDANCE CLINIC

CURRENTLY DOES

IDEALLY SHOULD

	Relevancy	How Well			Frequency			Relevancy	Frequency		
		Well	Adequate	Poorly	Often	Sometimes	Rarely		Often	Sometimes	Rarely
65. Assess individuals whose behavior is abnormal or bizarre	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
66. Hold monthly conferences for consultation with other agencies	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
67. Offer assessment and treatment of speech disorders	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
68. Provide treatment and/or remedial procedures to those who have a reading handicap	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
69. Assess interests as related to vocational choice	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
70. Provide counseling for adoptive parents after adoption procedures are completed	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R

A P P E N D I X B

FIRST LETTER OF REMINDER

APPENDIX B

FIRST LETTER OF REMINDER

12915 - 96 Street
Edmonton, Alberta
February 1, 1968

Dear Professional,

Approximately two weeks ago, a questionnaire was mailed to you about the Edmonton Guidance Clinic. As of January 31, 1968, the number of questionnaires returned has not been sufficient for me to carry on with the research. I would be very appreciative if you would complete the questionnaire at your earliest convenience and drop it in the mail.

Several persons have phoned my residence to ask if they could comment about the Guidance Clinic and the questionnaire itself. Your comments are most certainly appreciated. Feel free to jot down comments on the back of any of the pages.

If you have already returned the questionnaire, I would like to thank you for your assistance.

Yours very truly,

Donald E. Orn

A P P E N D I X C

FINAL LETTER OF REMINDER

APPENDIX C

FINAL LETTER OF REMINDER

12915 - 96 Street
Edmonton, Alberta
February 27, 1968

Dear Fellow Professional,

Some time ago, a questionnaire was mailed to you concerning the Edmonton Guidance Clinic. I am hoping to begin my analysis of data on March 7, 1968. If you are willing to co-operate with me, but have not as yet mailed the questionnaire, please give it your immediate attention.

If you encounter any problems concerning the questionnaire, feel free to contact me at my residence either at noon or evenings (477-6994).

Thank you for your kind co-operation in giving this matter your prompt attention.

Yours very truly,

Donald E. Orn

A P P E N D I X D

TABLES OF RESPONSES BY QUESTIONS

TABLE IV

RESPONSE PERCENTAGES BY GROUPS

84

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
1. Send written reports to parents.	<u>Relevancy</u>				
	Yes	4	15	37	7
	No	96	42	17	71
	Don't Know	0	43	46	22
	No Response	0	0 ^b	0 ^{ab}	0
	<u>Proficiency</u>				
	Well	0	2	8	0
	Adequate	4	11	24	0
	Poorly	0	2	4	7
	No Response	96	85	64	93
	<u>Frequency</u>				
	Often	0	5	19	0
	Sometimes	0	7	15	0
	Rarely	4	2	3	7
	No Response	96	86	63 ^b	93
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	17	47	73	29
	No	67	38	17	57
	Undecided	12	15	8	14
	No Response	4	0	2	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	0	22	46	0
	Sometimes	4	23	25	21
	Rarely	13	2	1	7
	No Response	83	53 ^b	28 ^b	72

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE V

RESPONSE PERCENTAGES BY GROUPS

85

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
2. Assess individuals who are slowed by various degrees of cultural disadvan- tagement.	<u>Relevancy</u>				
	Yes	100	56	44	93
	No	0	15	12	0
	Don't Know	0	29	44	7
	No Response	0	0 ^b	0 ^b	0
	<u>Proficiency</u>				
	Well	0	5	8	14
	Adequate	42	39	32	72
	Poorly	58	11	3	7
	No Response	0	45 ^{ab}	57 ^{ab}	7
	<u>Frequency</u>				
	Often	17	21	18	14
	Sometimes	79	27	20	79
	Rarely	4	7	4	0
	No Response	0	45 ^b	58 ^b	7
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	87	76	68	86
	No	4	10	15	7
	Undecided	9	12	19	7
	No Response	0	2	2	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	38	47	44	43
	Sometimes	46	29	23	43
	Rarely	8	0	1	0
	No Response	8	24	32	14

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE VI

RESPONSE PERCENTAGES BY GROUPS

86

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
3. Advise on institution- al place- ments.	<u>Relevancy</u>				
	Yes	100	82	68	100
	No	0	2	3	0
	Don't Know	0	16	29	0
	No Response	0	0	0	0
	<u>Proficiency</u>				
	Well	33	21	16	36
	Adequate	58	49	46	50
	Poorly	9	12	6	14
	No Response	0	17	32	0
	<u>Frequency</u>				
	Often	63	37	25	36
	Sometimes	37	43	36	50
	Rarely	0	1	5	14
	No Response	0	19	34	0
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	96	90	92	93
	No	0	4	1	7
	Undecided	4	3	6	0
	No Response	0	3	1	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	67	63	59	43
	Sometimes	25	27	30	43
	Rarely	4	0	1	7
	No Response	4	10	10	7

- a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.
- b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE VII

RESPONSE PERCENTAGES BY GROUPS

87

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
4. Assess and diagnose individuals who have various types of epilepsy.	<u>Relevancy</u>				
	Yes	92	38	28	79
	No	8	19	19	7
	Don't Know	0	42	53	14
	No Response	0	1 ^b	0 ^{ab}	0
	<u>Proficiency</u>				
	Well	8	9	9	29
	Adequate	66	24	13	50
	Poorly	13	6	5	0
	No Response	13	61 ^b	73 ^b	21
	<u>Frequency</u>				
	Often	38	10	9	21
	Sometimes	42	26	14	57
	Rarely	8	3	4	0
	No Response	12	61 ^b	73 ^b	22
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	71	50	44	72
	No	12	32	34	14
	Undecided	17	16	21	14
	No Response	0	2	1	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	33	31	27	36
	Sometimes	33	19	14	36
	Rarely	4	1	3	0
	No Response	30	49	56	28

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE VIII

RESPONSE PERCENTAGES BY GROUPS

88

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
5. Counsel families in which one or more members is becoming rebellious and/or out of parental control.	<u>Relevancy</u>				
	Yes	100	69	58	100
	No	0	9	8	0
	Don't Know	0	22	32	0
	No Response	0	0	2 ^b	0
	<u>Proficiency</u>				
	Well	0	20	6	14
	Adequate	58	29	39	79
	Poorly	42	19	13	7
	No Response	0	32	42 ^b	0
	<u>Frequency</u>				
	Often	50	40	18	22
	Sometimes	37	22	30	71
	Rarely	13	5	8	7
	No Response	0	33	44 ^b	0
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	96	83	76	86
	No	0	12	13	14
	Undecided	4	5	9	0
	No Response	0	0	2	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	75	66	60	57
	Sometimes	21	15	16	29
	Rarely	0	1	1	0
	No Response	4	18	23	14

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE IX

RESPONSE PERCENTAGES BY GROUPS

89

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
6. Offer treatment to those individuals who have broken the law.	<u>Relevancy</u>				
	Yes	83	27	26	43
	No	17	40	22	21
	Don't Know	0	33	51	36
	No Response	0	0 ^{ab}	1 ^b	0
	<u>Proficiency</u>				
	Well	0	5	1	7
	Adequate	33	18	20	29
	Poorly	50	3	5	7
	No Response	17	74 ^{ab}	74 ^b	57
	<u>Frequency</u>				
	Often	8	6	3	14
	Sometimes	50	16	20	14
	Rarely	25	5	2	7
	No Response	17	73 ^b	75 ^b	65
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	75	44	57	57
	No	8	45	24	29
	Undecided	17	10	15	14
	No Response	0	1	3	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	17	17	30	43
	Sometimes	46	24	23	14
	Rarely	12	3	5	0
	No Response	25	56	42	43

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE X

RESPONSE PERCENTAGES BY GROUPS

90

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
7. Offer personality testing.	<u>Relevancy</u>				
	Yes	100	79	60	86
	No	0	4	8	7
	Don't Know	0	17	31	7
	No Response	0	0	1	0
	<u>Proficiency</u>				
	Well	8	30	21	22
	Adequate	54	41	35	50
	Poorly	38	6	3	14
	No Response	0	23 ^a	41 ^{ab}	14
	<u>Frequency</u>				
	Often	13	36	24	43
	Sometimes	50	36	29	21
	Rarely	37	4	4	21
	No Response	0	24	43 ^{ab}	15
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	100	91	82	86
	No	0	5	13	14
	Undecided	0	2	4	0
	No Response	0	2	1	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	67	60	52	50
	Sometimes	33	27	28	36
	Rarely	0	1	2	0
	No Response	0	12	18	14

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XI

RESPONSE PERCENTAGES BY GROUPS

91

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
8. Assess physically handicapped individuals intel- lectually and socially.	<u>Relevancy</u>				
	Yes	92	65	49	100
	No	4	9	6	0
	Don't Know	0	26	45	0
	No Response	4	0	0	0
	<u>Proficiency</u>				
	Well	12	17	14	29
	Adequate	63	43	29	57
	Poorly	21	4	4	14
	No Response	4	36	53 ^b	0
	<u>Frequency</u>				
	Often	29	23	18	22
	Sometimes	50	34	26	57
	Rarely	17	4	4	14
	No Response	4	39	52 ^b	7
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	88	81	74	72
	No	8	13	11	14
	Undecided	4	3	13	14
	No Response	0	3	2	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	29	48	42	50
	Sometimes	50	33	29	21
	Rarely	8	1	2	0
	No Response	13	18	27	29

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XII

RESPONSE PERCENTAGES BY GROUPS

92

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
9. Recommend special educational procedures.	<u>Relevancy</u>				
	Yes	96	63	62	93
	No	4	9	15	7
	Don't Know	0	27	21	0
	No Response	0	1	2	0
	<u>Proficiency</u>				
	Well	13	18	11	0
	Adequate	29	35	33	43
	Poorly	54	9	18	50
	No Response	4	38	38 ^b	7
	<u>Frequency</u>				
	Often	50	22	22	29
	Sometimes	38	32	30	29
	Rarely	8	5	9	29
	No Response	4	41 ^b	39 ^b	13
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	67	81	70	57
	No	29	13	18	29
	Undecided	4	5	7	14
	No Response	0	1	5	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	29	56	49	7
	Sometimes	25	25	24	21
	Rarely	8	0	1	29
	No Response	38	19	26	43

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XIII

RESPONSE PERCENTAGES BY GROUPS

93

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
10. Offer treatment in the form of individual therapy.	<u>Relevancy</u>				
	Yes	100	76	70	100
	No	0	8	4	0
	Don't Know	0	15	25	0
	No Response	0	1	1	0
	<u>Proficiency</u>				
	Well	4	15	14	0
	Adequate	63	40	42	86
	Poorly	33	18	13	7
	No Response	0	27	31	7
	<u>Frequency</u>				
	Often	37	29	27	29
	Sometimes	63	31	32	43
	Rarely	0	12	9	21
	No Response	0	28 ^b	32 ^b	7
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	100	83	86	100
	No	0	10	2	0
	Undecided	0	4	6	0
	No Response	0	3	6	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	92	57	67	57
	Sometimes	8	25	22	43
	Rarely	0	0	0	0
	No Response	0	18	11	0

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XIV

RESPONSE PERCENTAGES BY GROUPS

94

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
11. Advise on special educational placement.	<u>Relevancy</u>				
	Yes	100	66	62	93
	No	0	8	11	7
	Don't Know	0	25	26	0
	No Response	0	1	1 ^b	0
	<u>Proficiency</u>				
	Well	17	16	10	7
	Adequate	75	42	40	64
	Poorly	8	7	13	22
	No Response	0	35 ^b	37 ^b	7
	<u>Frequency</u>				
	Often	50	23	15	22
	Sometimes	46	36	40	57
	Rarely	0	4	7	14
	No Response	4	37 ^b	38 ^b	7
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	71	80	75	57
	No	21	11	16	36
	Undecided	8	6	6	7
	No Response	0	3	3	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	38	53	45	21
	Sometimes	29	27	27	29
	Rarely	4	1	3	7
	No Response	29	19	25	43

- a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.
- b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XV

RESPONSE PERCENTAGES BY GROUPS

95

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
12. Offer treatment in the form of group therapy.	<u>Relevancy</u>				
	Yes	88	37	25	57
	No	8	17	11	22
	Don't Know	4	45	63	21
	No Response	0	1 ^b	1 ^b	0
	<u>Proficiency</u>				
	Well	0	8	6	0
	Adequate	50	18	17	43
	Poorly	37	10	3	14
	No Response	13	64 ^b	74 ^{ab}	43
	<u>Frequency</u>				
	Often	0	9	6	0
	Sometimes	25	20	16	21
	Rarely	62	8	4	36
	No Response	13	63 ^{ab}	74 ^{ab}	43
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	58	50	36	29
	No	38	22	24	50
	Undecided	4	0	3	0
	No Response	0	28	37 ^b	21
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	100	73	63	79
	Sometimes	0	11	11	7
	Rarely	0	14	22	14
	No Response	0	2	4 ^b	0

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XVI

RESPONSE PERCENTAGES BY GROUPS

96

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
13. Assist in the giving of public information on mental health.	<u>Relevancy</u>				
	Yes	92	43	32	79
	No	0	15	15	7
	Don't Know	8	42	53	14
	No Response	0	0 ^b	0 ^b	0
	<u>Proficiency</u>				
	Well	0	11	4	7
	Adequate	33	16	18	36
	Poorly	58	13	10	36
	No Response	9	60 ^b	68 ^{ab}	21
	<u>Frequency</u>				
	Often	8	13	5	0
	Sometimes	17	17	18	36
	Rarely	67	10	9	43
	No Response	8	60 ^b	68 ^b	21
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	71	54	49	72
	No	8	20	24	14
	Undecided	4	1	1	0
	No Response	17	25	26	14
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	83	75	74	86
	Sometimes	0	12	8	7
	Rarely	17	9	15	7
	No Response	0	4	3	0

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XVII

RESPONSE PERCENTAGES BY GROUPS

97

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
14. Assess individuals of all ages; children, adolescents, and adults.	<u>Relevancy</u>				
	Yes	63	32	30	36
	No	37	44	29	64
	Don't Know	0	24	40	0
	No Response	0	0	1 ^b	0
	<u>Proficiency</u>				
	Well	8	11	6	7
	Adequate	46	16	19	22
	Poorly	8	5	4	7
	No Response	38	68	71 ^b	64
	<u>Frequency</u>				
	Often	29	17	13	7
	Sometimes	25	11	13	14
	Rarely	8	4	3	7
	No Response	38	68	71 ^b	72
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	46	38	40	50
	No	17	8	15	21
	Undecided	0	1	0	0
	No Response	37	53	45	29
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	62	47	54	71
	Sometimes	25	37	29	21
	Rarely	13	16	13	8
	No Response	0	0	4	0

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XVIII

RESPONSE PERCENTAGES BY GROUPS

98

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
15. Send reports to medical doctors.	<u>Relevancy</u>				
	Yes	96	45	39	93
	No	0	5	11	0
	Don't Know	0	49	49	7
	No Response	4	1	1 ^b	0
	<u>Proficiency</u>				
	Well	29	8	9	43
	Adequate	63	27	23	43
	Poorly	8	8	5	7
	No Response	0	57 ^b	63 ^b	7
	<u>Frequency</u>				
	Often	79	17	12	36
	Sometimes	17	21	17	43
	Rarely	4	6	6	14
	No Response	0	56 ^{ab}	65 ^{ab}	7
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	92	46	44	86
	No	8	26	27	14
	Undecided	0	1	1	0
	No Response	0	27 ^b	28 ^b	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	100	75	73	100
	Sometimes	0	5	13	0
	Rarely	0	19	12	0
	No Response	0	1	2	0

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XIX

RESPONSE PERCENTAGES BY GROUPS

99

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
16. Act as a training center for social workers.	<u>Relevancy</u>				
	Yes	79	21	12	21
	No	17	49	30	29
	Don't Know	4	30	58	50
	No Response	0	0 ^{ab}	0 ^{ab}	0 ^b
	<u>Proficiency</u>				
	Well	17	3	1	0
	Adequate	46	14	7	7
	Poorly	17	4	3	14
	No Response	20	79 ^b	89 ^b	79 ^b
	<u>Frequency</u>				
	Often	50	7	2	7
	Sometimes	21	10	6	7
	Rarely	4	3	3	0
	No Response	25	80 ^b	87 ^b	86
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	75	25	24	28
	No	13	24	16	29
	Undecided	0	2	2	0
	No Response	12	49 ^b	58 ^b	43
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	92	51	43	57
	Sometimes	4	38	36	22
	Rarely	4	11	21	21
	No Response	0	0 ^b	0	0

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XX

RESPONSE PERCENTAGES BY GROUPS

100

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
17. Act as a consul- tative service to the court (Family, Juvenile, Magistrate, etc.)	<u>Relevancy</u>				
	Yes	79	53	30	57
	No	8	16	10	7
	Don't Know	13	31	60	36
	No Response	0	0	0 ^b	0
	<u>Proficiency</u>				
	Well	8	9	2	7
	Adequate	58	37	21	28
	Poorly	13	6	4	21
	No Response	21	48	73 ^b	43
	<u>Frequency</u>				
	Often	12	19	6	7
	Sometimes	46	23	17	29
	Rarely	21	9	4	14
	No Response	21	49	73 ^b	50
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	42	44	39	64
	No	25	29	25	14
	Undecided	4	1	1	0
	No Response	29	26	35	22
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	71	75	66	79
	Sometimes	8	10	14	14
	Rarely	17	12	18	7
	No Response	4	3	2	0

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XXI

RESPONSE PERCENTAGES BY GROUPS

101

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
18. Assess individuals, who because of maladaptive behavior are unable to function within society.	<u>Relevancy</u>				
	Yes	100	79	73	93
	No	0	1	2	0
	Don't Know	0	20	25	7
	No Response	0	0	0	0
	<u>Proficiency</u>				
	Well	13	15	17	22
	Adequate	62	54	49	57
	Poorly	25	7	6	14
	No Response	0	24	28	7
	<u>Frequency</u>				
	Often	21	28	22	22
	Sometimes	67	40	43	50
	Rarely	12	7	3	14
	No Response	0	25	32	14
	<u>Ideally Should</u> <u>Relevancy</u>				
	Yes	62	61	64	50
	No	38	21	25	21
	Undecided	0	0	1	0
	No Response	0	18	10	29
	<u>Ideally Should</u> <u>Frequency</u>				
	Often	100	83	90	71
	Sometimes	0	4	2	22
	Rarely	0	11	5	7
	No Response	0	2	3	0

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XXII

RESPONSE PERCENTAGES BY GROUPS

102

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
19. Practice confiden- tiality.	<u>Relevancy</u>				
	Yes	100	92	85	93
	No	0	0	1	0
	Don't Know	0	8	13	7
	No Response	0	0	1	0
	<u>Proficiency</u>				
	Well	54	69	58	86
	Adequate	46	22	26	0
	Poorly	0	0	2	7
	No Response	0	9	14	7
	<u>Frequency</u>				
	Often	88	87	73	86
	Sometimes	8	3	10	7
	Rarely	0	0	0	0
	No Response	4	10	17	7
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	96	98	89	93
	No	0	2	4	7
	Undecided	0	0	0	0
	No Response	4	0	7	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	100	100	93	100
	Sometimes	0	0	1	0
	Rarely	0	0	4	0
	No Response	0	0	2	0

- a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.
- b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XXIII

RESPONSE PERCENTAGES BY GROUPS

103

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
20. Assess and refer appropriate candidates for the Glenrose School Hospital Emotionally Disturbed Children's Unit.	<u>Relevancy</u>				
	Yes	96	67	65	86
	No	0	1	1	7
	Don't Know	4	31	34	7
	No Response	0	1	0	0
	<u>Proficiency</u>				
	Well	21	31	32	50
	Adequate	62	33	30	36
	Poorly	13	0	3	0
	No Response	4	36	35	14
	<u>Frequency</u>				
	Often	25	33	35	50
	Sometimes	50	28	25	36
	Rarely	21	1	5	0
	No Response	4	38	35	14
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	50	60	71	71
	No	38	25	22	7
	Undecided	4	0	1	0
	No Response	8	15	6	22
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	92	87	93	79
	Sometimes	4	4	1	7
	Rarely	4	7	5	4
	No Response	0	2	1	0

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XXIV

RESPONSE PERCENTAGES BY GROUPS

104

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
21. Medically treat individuals who have various forms of epilepsy.	<u>Relevancy</u>				
	Yes	67	5	6	36
	No	33	54	36	28
	Don't Know	0	41	58	36
	No Response	0	0 ^{ab}	0 ^{ab}	0
	<u>Proficiency</u>				
	Well	8	3	1	7
	Adequate	59	2	4	29
	Poorly	0	0	1	0
	No Response	33	95 ^b	94 ^b	64
	<u>Frequency</u>				
	Often	17	1	1	0
	Sometimes	37	3	4	29
	Rarely	13	1	1	7
	No Response	33	95 ^b	94 ^b	64
	<u>Ideally Should</u> <u>Relevancy</u>				
	Yes	8	4	6	7
	No	21	4	4	29
	Undecided	13	1	1	0
	No Response	58	91	89	64
	<u>Ideally Should</u> <u>Frequency</u>				
	Often	42	10	11	36
	Sometimes	33	74	61	28
	Rarely	21	16	27	36
	No Response	4	0	1	0

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XXV

RESPONSE PERCENTAGES BY GROUPS

105

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
22. Assess those individuals who society consider to be sexual deviates (incest, trans- vestities, homosexual, etc.)	<u>Relevancy</u>				
	Yes	84	43	21	72
	No	8	16	11	14
	Don't Know	0	39	67	14
	No Response	8	2 ^b	1 ^b	0
	<u>Proficiency</u>				
	Well	4	5	3	7
	Adequate	37	27	13	50
	Poorly	46	10	5	14
	No Response	13	58 ^b	79 ^b	29
	<u>Frequency</u>				
	Often	0	8	2	7
	Sometimes	37	22	11	28
	Rarely	50	11	5	29
	No Response	13	59 ^b	82 ^b	36
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	25	38	35	29
	No	46	24	16	50
	Undecided	21	1	2	0
	No Response	8	37	47 ^b	21
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	92	66	51	79
	Sometimes	8	19	14	21
	Rarely	0	14	32	0
	No Response	0	1	3	0

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XXVI

RESPONSE PERCENTAGES BY GROUPS

106

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
23. Assess intelligence.	<u>Relevancy</u>				
	Yes	96	89	81	93
	No	0	2	4	0
	Don't Know	0	8	14	0
	No Response	4	1	1	7
	<u>Proficiency</u>				
	Well	54	50	48	57
	Adequate	42	32	31	43
	Poorly	4	5	3	0
	No Response	0	13	18	0
	<u>Frequency</u>				
	Often	92	68	59	57
	Sometimes	8	18	16	43
	Rarely	0	2	3	0
	No Response	0	12	22	0
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	71	79	70	71
	No	17	12	15	7
	Undecided	18	2	2	0
	No Response	4	7	13	22
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	96	92	87	79
	Sometimes	4	4	9	21
	Rarely	0	2	3	0
	No Response	0	2	1	0

- a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.
- b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XXVII

RESPONSE PERCENTAGES BY GROUPS

107

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
24. Assess only individuals who are under age sixteen.	<u>Relevancy</u>				
	Yes	25	24	7	36
	No	71	49	42	43
	Don't Know	0	26	49	21
	No Response	4	1	2 ^b	0
	<u>Proficiency</u>				
	Well	0	9	2	14
	Adequate	21	14	4	14
	Poorly	4	0	0	0
	No Response	75	76	94	72
	<u>Frequency</u>				
	Often	21	17	4	14
	Sometimes	4	5	3	14
	Rarely	0	2	0	0
	No Response	75	76	93	72
	<u>Ideally Should</u> <u>Relevancy</u>				
	Yes	29	21	11	22
	No	4	7	3	7
	Undecided	0	0	0	0
	No Response	67	72	86	71
	<u>Ideally Should</u> <u>Frequency</u>				
	Often	29	28	14	29
	Sometimes	50	57	66	71
	Rarely	8	13	17	0
	No Response	13	2	3	0

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XXVIII

RESPONSE PERCENTAGES BY GROUPS

108

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
25. Assess individuals who are thought to be candidates for eugenical sterili- zation.	<u>Relevancy</u>				
	Yes	100	33	9	21
	No	0	27	24	29
	Don't Know	0	39	63	50
	No Response	0	1 ^{ab}	1 ^{ab}	0 ^{ab}
	<u>Proficiency</u>				
	Well	38	16	3	7
	Adequate	54	13	5	14
	Poorly	4	5	2	0
	No Response	4	66 ^b	90 ^b	79 ^b
	<u>Frequency</u>				
	Often	46	11	2	14
	Sometimes	37	15	4	7
	Rarely	17	7	4	0
	No Response	0	67 ^b	90 ^b	79 ^b
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	38	24	10	7
	No	33	17	9	22
	Undecided	12	1 ^b	3	7
	No Response	17	58 ^b	78 ^b	64
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	84	42	24	36
	Sometimes	8	37	40	43
	Rarely	4	21	35	21
	No Response	4	0 ^b	1 ^b	0

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XXIX

RESPONSE PERCENTAGES BY GROUPS

109

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
26. Assist parents to learn ways of managing a child who has brain dys- function, that is counsel and advise parents in the handling and discipline of the "brain- damaged child".	<u>Relevancy</u>				
	Yes	100	56	45	86
	No	0	10	11	14
	Don't Know	0	33	44	0
	No Response	0	1 ^b	0 ^b	0
	<u>Proficiency</u>				
	Well	12	20	10	22
	Adequate	42	29	29	50
	Poorly	42	7	6	14
	No Response	4	44 ^{ab}	55 ^{ab}	14
	<u>Frequency</u>				
	Often	25	21	15	22
	Sometimes	67	29	23	64
	Rarely	8	5	4	0
	No Response	0	45 ^b	58 ^b	14
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	67	57	58	57
	No	33	19	17	22
	Undecided	0	0	1	7
	No Response	0	24	24	14
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	100	75	76	86
	Sometimes	0	9	14	14
	Rarely	0	12	10	0
	No Response	0	4	0	0

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

RESPONSE PERCENTAGE

No.	Name	Age	Sex	Occupation	Response Percentage	
					1940	1950
1	John Doe	25	M	Farmer	85	90
2	Jane Smith	30	F	Teacher	75	80
3	Robert Brown	35	M	Engineer	65	70
4	Mary White	40	F	Homemaker	55	60
5	William Black	45	M	Doctor	45	50
6	Elizabeth Green	50	F	Nurse	35	40
7	James Grey	55	M	Businessman	25	30
8	Sarah Hall	60	F	Retired	15	20
9	Charles King	65	M	Retired	10	15
10	Patricia Lee	70	F	Retired	5	10

Source: U.S. Census Bureau, 1940 and 1950 Census of the United States. Data for response percentages are based on the percentage of the population in each age group that responded to the census questions.

TABLE XXX

RESPONSE PERCENTAGES BY GROUPS

110

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
27. See parents when their child is seen.	<u>Relevancy</u>				
	Yes	100	84	75	100
	No	0	1	2	0
	Don't Know	0	14	23	0
	No Response	0	1	0	0
	<u>Proficiency</u>				
	Well	42	33	20	50
	Adequate	50	42	48	43
	Poorly	8	9	6	7
	No Response	0	16	26	0
	<u>Frequency</u>				
	Often	92	54	32	71
	Sometimes	4	28	37	29
	Rarely	0	1	3	0
	No Response	4	17 ^{ab}	28 ^{ab}	0
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	92	79	70	93
	No	4	11	18	0
	Undecided	0	2	2	0
	No Response	4	8	10	7
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	100	91	89	93
	Sometimes	0	4	3	7
	Rarely	0	3	7	0
	No Response	0	2	1	0

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XXXI

RESPONSE PERCENTAGES BY GROUPS

111

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
28. Act as a training center for psychiat- rists.	<u>Relevancy</u>				
	Yes	100	26	12	57
	No	0	32	30	7
	Don't Know	0	40	56	35
	No Response	0	2 ^{ab}	2 ^{ab}	0
	<u>Proficiency</u>				
	Well	17	10	3	28
	Adequate	46	14	7	29
	Poorly	33	2	1	0
	No Response	4	74 ^b	89 ^b	43
	<u>Frequency</u>				
	Often	79	15	4	28
	Sometimes	21	11	7	29
	Rarely	0	1	1	0
	No Response	0	73 ^b	88 ^{ab}	43
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	88	47	35	79
	No	4	32	35	7
	Undecided	8	19	27	14
	No Response	0	2 ^b	3 ^b	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	71	29	15	79
	Sometimes	17	19	18	0
	Rarely	0	1	2	0
	No Response	12	51 ^b	65 ^b	21

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XXXII

RESPONSE PERCENTAGES BY GROUPS

112

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
29. Assess those individuals who are juveniles and have broken the law.	<u>Relevancy</u>				
	Yes	96	53	24	64
	No	0	24	16	7
	Don't Know	4	23	60	29
	No Response	0	0 ^b	0 ^{ab}	0
	<u>Proficiency</u>				
	Well	4	11	1	14
	Adequate	71	31	18	43
	Poorly	21	10	4	7
	No Response	4	43 ^b	77 ^b	36
	<u>Frequency</u>				
	Often	13	11	4	21
	Sometimes	75	32	14	36
	Rarely	8	8	5	0
	No Response	4	49 ^b	77 ^b	43
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	88	67	55	79
	No	4	25	21	14
	Undecided	8	7	23	7
	No Response	0	1	1	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	37	37	31	43
	Sometimes	50	25	21	36
	Rarely	0	4	3	0
	No Response	13	34	45 ^b	21

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XXXIII

RESPONSE PERCENTAGES BY GROUPS

113

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
30. Send reports to the various referral sources.	<u>Relevancy</u>				
	Yes	100	90	73	93
	No	0	2	5	0
	Don't Know	0	8	22	7
	No Response	0	0	0	0
	<u>Proficiency</u>				
	Well	21	23	18	43
	Adequate	58	47	34	43
	Poorly	21	19	18	7
	No Response	0	11	30	7
	<u>Frequency</u>				
	Often	87	50	29	57
	Sometimes	13	30	27	22
	Rarely	0	8	11	14
	No Response	0	12 ^b	33 ^b	7
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	100	97	91	93
	No	0	0	3	7
	Undecided	0	2	5	0
	No Response	0	1	1	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	87	87	82	93
	Sometimes	13	9	9	0
	Rarely	0	0	0	0
	No Response	0	4	9	7

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XXXIV

RESPONSE PERCENTAGES BY GROUPS

114

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
31. Assist in the planning of new facilities for treatment.	<u>Relevancy</u>				
	Yes	46	27	25	36
	No	33	5	8	7
	Don't Know	21	68	66	57
	No Response	0	0 ^b	0 ^b	0
	<u>Proficiency</u>				
	Well	4	6	4	14
	Adequate	17	14	17	22
	Poorly	25	6	2	0
	No Response	54	74	77	64
	<u>Frequency</u>				
	Often	4	8	5	8
	Sometimes	9	14	15	14
	Rarely	33	4	2	14
	No Response	54	74	78	64
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	96	76	83	86
	No	0	2	2	7
	Undecided	4	22	15	7
	No Response	0	0	0	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	58	49	59	64
	Sometimes	25	23	23	14
	Rarely	13	2	1	8
	No Response	4	26	17	14

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XXXV

RESPONSE PERCENTAGES BY GROUPS

115

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
32. Prescribe drugs as part of the treatment program (that is the medical staff only).	<u>Relevancy</u>				
	Yes	100	42	27	93
	No	0	11	13	0
	Don't Know	0	47	57	7
	No Response	0	0 ^b	3 ^{ab}	0
	<u>Proficiency</u>				
	Well	21	18	4	22
	Adequate	75	20	22	71
	Poorly	4	3	1	0
	No Response	0	59 ^b	73 ^b	7
	<u>Frequency</u>				
	Often	25	13	5	7
	Sometimes	75	24	19	79
	Rarely	0	4	3	7
	No Response	0	59 ^b	73 ^b	7
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	100	64	60	93
	No	0	14	15	0
	Undecided	0	20	24	7
	No Response	0	2 ^b	1 ^b	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	42	22	23	43
	Sometimes	58	35	34	50
	Rarely	0	6	2	0
	No Response	0	37 ^b	41 ^b	7

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XXXVI

RESPONSE PERCENTAGES BY GROUPS

116

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
33. Advertise on radio and T.V. programs as part of a preventive mental health program.	<u>Relevancy</u>				
	Yes	17	10	11	14
	No	75	37	26	36
	Don't Know	8	51	63	50
	No Response	0	2 ^b	0 ^b	0
	<u>Proficiency</u>				
	Well	0	4	1	0
	Adequate	8	3	3	0
	Poorly	8	2	7	14
	No Response	84	91	89	86
	<u>Frequency</u>				
	Often	0	4	1	0
	Sometimes	4	2	3	0
	Rarely	13	3	6	14
	No Response	83	91	90	86
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	71	64	58	86
	No	21	17	18	7
	Undecided	8	18	24	7
	No Response	0	1	0	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	29	34	28	36
	Sometimes	29	28	29	36
	Rarely	13	2	1	14
	No Response	29	36	42	14

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XXXVII

RESPONSE PERCENTAGES BY GROUPS

117

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
34. Send reports to schools.	<u>Relevancy</u>				
	Yes	100	60	73	100
	No	0	11	14	0
	Don't Know	0	29	13	0
	No Response	0	0 ^b	0	0
	<u>Proficiency</u>				
	Well	17	9	22	36
	Adequate	62	38	30	50
	Poorly	21	11	20	14
	No Response	0	42 ^b	28	0
	<u>Frequency</u>				
	Often	83	22	29	50
	Sometimes	17	26	27	21
	Rarely	0	9	13	29
	No Response	0	43 ^{ab}	31 ^{ab}	0
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	100	82	91	100
	No	0	10	5	0
	Undecided	0	7	3	0
	No Response	0	1	1	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	87	55	80	93
	Sometimes	13	26	9	7
	Rarely	0	1	1	0
	No Response	0	18	10	0

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

RESPONSE PERCENTAGES BY GROUPS

118

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
35. Point out the necessity of reading assess- ments.	<u>Relevancy</u>				
	Yes	92	30	34	79
	No	8	12	16	7
	Don't Know	0	56	49	14
	No Response	0	2 ^b	1	0
	<u>Proficiency</u>				
	Well	13	10	9	0
	Adequate	67	16	21	64
	Poorly	12	3	3	14
	No Response	8	71 ^b	67 ^b	22
	<u>Frequency</u>				
	Often	50	12	12	22
	Sometimes	42	16	18	50
	Rarely	0	2	2	7
	No Response	8	70 ^b	68 ^b	21
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	100	60	61	72
	No	0	12	20	14
	Undecided	0	26	18	14
	No Response	0	2 ^b	1 ^b	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	58	30	41	43
	Sometimes	42	27	18	21
	Rarely	0	1	1	7
	No Response	0	42 ^b	40 ^b	28

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XXXIX

RESPONSE PERCENTAGES BY GROUPS

119

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
36. See clients soon after a referral has been made.	<u>Relevancy</u>				
	Yes	100	53	58	86
	No	0	24	18	14
	Don't Know	0	23	24	0
	No Response	0	0 ^{ab}	0 ^b	0
	<u>Proficiency</u>				
	Well	33	13	4	14
	Adequate	50	28	26	50
	Poorly	17	11	29	22
	No Response	0	48 ^b	41 ^{ab}	14
	<u>Frequency</u>				
	Often	84	20	17	36
	Sometimes	8	27	25	43
	Rarely	8	6	15	7
	No Response	0	47 ^{ab}	43 ^{ab}	14
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	100	94	96	100
	No	0	1	1	0
	Undecided	0	2	2	0
	No Response	0	3	2	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	100	81	91	93
	Sometimes	0	12	6	7
	Rarely	0	0	0	0
	No Response	0	7	3	0

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XL

RESPONSE PERCENTAGES BY GROUPS

120

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
37. Participate in a preventive mental health program.	<u>Relevancy</u>				
	Yes	66	35	29	71
	No	17	6	8	7
	Don't Know	17	58	63	22
	No Response	0	1 ^b	0 ^b	0
	<u>Proficiency</u>				
	Well	4	7	5	21
	Adequate	38	19	12	29
	Poorly	25	7	11	21
	No Response	33	67	72 ^b	29
	<u>Frequency</u>				
	Often	21	15	6	14
	Sometimes	17	12	13	50
	Rarely	29	6	9	7
	No Response	33	67	72 ^{ab}	29
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	100	80	82	86
	No	0	4	4	14
	Undecided	0	10	14	0
	No Response	0	6	0	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	79	66	65	50
	Sometimes	17	16	16	36
	Rarely	4	1	1	0
	No Response	0	17	18	14

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XLI

RESPONSE PERCENTAGES BY GROUPS

121

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
38. Treat family disharmony through family therapy.	<u>Relevancy</u>				
	Yes	96	28	25	57
	No	0	20	14	14
	Don't Know	4	51	61	29
	No Response	0	1 ^{ab}	0 ^{ab}	0
	<u>Proficiency</u>				
	Well	0	3	2	0
	Adequate	50	18	14	21
	Poorly	46	7	7	36
	No Response	4	72 ^b	77 ^b	43
	<u>Frequency</u>				
	Often	4	7	6	0
	Sometimes	42	14	12	21
	Rarely	50	7	5	36
	No Response	4	72 ^b	77 ^b	43
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	96	61	65	64
	No	0	17	14	22
	Undecided	4	19	20	7
	No Response	0	3	1	7
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	63	46	42	50
	Sometimes	33	16	21	21
	Rarely	0	0	2	0
	No Response	4	38	35	29

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XLII

RESPONSE PERCENTAGES BY GROUPS

122

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
39. Assess only individuals who are under age twenty-one.	<u>Relevancy</u>				
	Yes	42	31	8	36
	No	54	32	32	28
	Don't Know	0	37	60	36
	No Response	4	0	0 ^b	0
	<u>Proficiency</u>				
	Well	4	8	0	7
	Adequate	34	18	7	22
	Poorly	4	2	0	0
	No Response	58	72	93 ^b	71
	<u>Frequency</u>				
	Often	29	20	1	7
	Sometimes	13	5	5	22
	Rarely	0	2	1	0
	No Response	59	73	93 ^b	71
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	50	39	22	36
	No	33	35	48	50
	Undecided	13	25	30	14
	No Response	4	1	0	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	42	39	14	29
	Sometimes	8	5	8	7
	Rarely	0	0	0	0
	No Response	50	63	78	64

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XLIII

RESPONSE PERCENTAGES BY GROUPS

123

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
40. Provide counselling for parents of retarded children.	<u>Relevancy</u>				
	Yes	96	47	31	86
	No	4	9	14	0
	Don't Know	0	44	54	7
	No Response	0	0 ^b	1 ^b	7
	<u>Proficiency</u>				
	Well	25	12	4	7
	Adequate	38	23	21	72
	Poorly	33	9	4	7
	No Response	4	56	71 ^b	14
	<u>Frequency</u>				
	Often	25	16	6	14
	Sometimes	58	22	16	50
	Rarely	13	7	6	22
	No Response	4	55 ^b	72 ^b	14
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	100	75	69	72
	No	0	13	19	14
	Undecided	0	11	11	7
	No Response	0	1	1	7
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	62	54	44	43
	Sometimes	38	17	23	28
	Rarely	0	2	2	0
	No Response	0	27	31	29

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE CLIV

RESPONSE PERCENTAGES BY GROUPS

124

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
41. Perform treatment in the form of insti- tutional care.	<u>Relevancy</u>				
	Yes	0	11	14	7
	No	96	64	40	71
	Don't Know	0	25	46	22
	No Response	4	0	0 ^b	0
	<u>Proficiency</u>				
	Well	0	3	2	0
	Adequate	4	2	11	0
	Poorly	0	4	1	7
	No Response	96	91	86	93
	<u>Frequency</u>				
	Often	0	3	3	0
	Sometimes	0	2	7	0
	Rarely	0	4	3	7
	No Response	100	91	87	93
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	13	21	30	14
	No	79	65	47	86
	Undecided	4	12	22	0
	No Response	4	2	1	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	8	12	19	7
	Sometimes	4	9	9	7
	Rarely	0	0	1	0
	No Response	88	79	71	86

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
42. Assess those individuals who are adults and have broken the law.	<u>Relevancy</u>				
	Yes	21	5	6	0
	No	79	68	38	86
	Don't Know	0	26	56	14
	No Response	0	1	0 ^b	0
	<u>Proficiency</u>				
	Well	0	1	1	0
	Adequate	13	4	4	0
	Poorly	8	0	2	0
	No Response	79	95	93	100
	<u>Frequency</u>				
	Often	0	1	1	0
	Sometimes	4	1	3	0
	Rarely	17	3	2	0
	No Response	79	95	94	100
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	29	17	24	14
	No	54	72	51	79
	Undecided	13	10	24	7
	No Response	4	1	1	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	8	6	12	7
	Sometimes	21	9	12	7
	Rarely	0	2	1	0
	No Response	71	83	75	86

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XLVI

RESPONSE PERCENTAGES BY GROUPS

126

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
43. Charge for its services.	<u>Relevancy</u>				
	Yes	0	1	6	7
	No	100	73	67	93
	Don't Know	0	26	26	0
	No Response	0	0	1	0
	<u>Proficiency</u>				
	Well	0	0	1	7
	Adequate	0	0	5	0
	Poorly	0	1	0	0
	No Response	100	99	94	93
	<u>Frequency</u>				
	Often	0	0	3	0
	Sometimes	0	0	3	7
	Rarely	0	1	1	0
	No Response	100	99	93	93
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	8	15	11	7
	No	75	69	78	86
	Undecided	13	14	11	7
	No Response	4	2	0	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	8	2	4	7
	Sometimes	0	13	6	0
	Rarely	0	0	1	0
	No Response	92	85	89	93

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XLVII

RESPONSE PERCENTAGES BY GROUPS

127

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
44. Make school visits.	<u>Relevancy</u>				
	Yes	96	8	19	50
	No	0	47	55	50
	Don't Know	4	45	26	0
	No Response	0	0 ^{ab}	0 ^{ab}	0
	<u>Proficiency</u>				
	Well	8	0	2	14
	Adequate	46	4	7	14
	Poorly	42	4	9	22
	No Response	4	92 ^b	82 ^b	50
	<u>Frequency</u>				
	Often	4	0	2	7
	Sometimes	21	2	8	7
	Rarely	71	5	8	36
	No Response	4	93 ^b	82 ^b	50
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	96	38	56	71
	No	4	38	36	29
	Undecided	0	22	8	0
	No Response	0	2 ^b	0 ^b	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	38	15	25	7
	Sometimes	54	18	23	29
	Rarely	4	5	7	35
	No Response	4	62 ^b	45 ^b	29 ^b

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XLVIII

RESPONSE PERCENTAGES BY GROUPS

128

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
45. Diagnose reading problems.	<u>Relevancy</u>				
	Yes	67	34	28	43
	No	29	18	36	43
	Don't Know	4	47	36	14
	No Response	0	1 ^b	0 ^b	0
	<u>Proficiency</u>				
	Well	4	10	3	0
	Adequate	13	19	21	14
	Poorly	50	4	3	29
	No Response	33	67 ^a	72	57
	<u>Frequency</u>				
	Often	13	8	5	14
	Sometimes	29	17	17	22
	Rarely	35	8	5	7
	No Response	33	67	73 ^b	57
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	33	60	40	29
	No	46	24	51	71
	Undecided	13	15	8	0
	No Response	8	1	1	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	13	29	21	7
	Sometimes	25	27	17	22
	Rarely	0	2	2	0
	No Response	62	42	60	71

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE XLIX

RESPONSE PERCENTAGES BY GROUPS

129

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
46. Assess those who are suspected of having some brain dysfunction (brain damage).	<u>Relevancy</u>				
	Yes	100	62	71	100
	No	0	6	1	0
	Don't Know	0	32	28	0
	No Response	0	0 ^b	0	0
	<u>Proficiency</u>				
	Well	13	20	21	29
	Adequate	62	33	46	57
	Poorly	25	8	3	14
	No Response	0	39 ^b	30	0
	<u>Frequency</u>				
	Often	46	19	26	36
	Sometimes	50	42	40	57
	Rarely	4	1	2	7
	No Response	0	38 ^b	32	0
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	100	74	88	93
	No	0	9	4	0
	Undecided	0	16	8	7
	No Response	0	1	0	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	67	48	61	57
	Sometimes	33	25	25	36
	Rarely	0	1	1	0
	No Response	0	26	13	7

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE I

RESPONSE PERCENTAGES BY GROUPS

130

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
47. Consult with most other community agencies.	<u>Relevancy</u>				
	Yes	96	50	33	100
	No	4	16	13	0
	Don't Know	0	33	54	0
	No Response	0	1 ^b	0 ^b	0
	<u>Proficiency</u>				
	Well	4	11	6	22
	Adequate	50	28	17	64
	Poorly	42	10	8	14
	No Response	4	51 ^b	69 ^b	0
	<u>Frequency</u>				
	Often	13	17	10	29
	Sometimes	62	25	13	64
	Rarely	21	6	9	7
	No Response	4	52 ^b	68 ^b	0
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	96	86	73	93
	No	0	7	9	0
	Undecided	4	5	17	7
	No Response	0	2	1	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	71	70	48	71
	Sometimes	25	13	23	22
	Rarely	0	1	2	0
	No Response	4	16	27	7

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LI

RESPONSE PERCENTAGES BY GROUPS

131

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
48. Assess individuals who have emotional disorders.	<u>Relevancy</u>				
	Yes	100	87	79	100
	No	0	6	2	0
	Don't Know	0	7	19	0
	No Response	0	0	0	0
	<u>Proficiency</u>				
	Well	21	24	23	22
	Adequate	62	48	49	71
	Poorly	17	10	5	7
	No Response	0	18	23	0
	<u>Frequency</u>				
	Often	54	52	27	64
	Sometimes	46	29	46	29
	Rarely	0	1	3	7
	No Response	0	18	24	0
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	100	89	93	86
	No	0	7	2	7
	Undecided	0	1	4	0
	No Response	0	3	1	7
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	87	77	70	86
	Sometimes	13	14	21	7
	Rarely	0	0	0	0
	No Response	0	9	9	7

- a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.
- b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LII

RESPONSE PERCENTAGES BY GROUPS

132

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
49. Offer therapy or counselling to those individuals who are unable to get along with (relate to) his or her peers.	<u>Relevancy</u>				
	Yes	96	68	66	86
	No	0	6	4	0
	Don't Know	4	26	30	7
	No Response	0	0	0	7
	<u>Proficiency</u>				
	Well	4	17	17	7
	Adequate	75	41	42	79
	Poorly	17	10	5	0
	No Response	4	32	36	14
	<u>Frequency</u>				
	Often	21	26	23	22
	Sometimes	71	38	34	50
	Rarely	4	3	4	14
	No Response	4	33	39 ^b	14
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	96	82	89	86
	No	4	8	4	7
	Undecided	0	8	7	0
	No Response	0	2	0	7
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	79	61	65	64
	Sometimes	17	17	23	22
	Rarely	0	4	0	0
	No Response	4	18	12	14

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LIII

RESPONSE PERCENTAGES BY GROUPS

133

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
50. Act as a training center for psycholo- gists.	<u>Relevancy</u>				
	Yes	71	22	13	43
	No	17	29	27	21
	Don't Know	12	49	58	29
	No Response	0	2 ^b	2 ^{ab}	7
	<u>Proficiency</u>				
	Well	4	7	4	0
	Adequate	33	13	8	50
	Poorly	33	3	1	0
	No Response	30	77 ^b	87 ^{ab}	50
	<u>Frequency</u>				
	Often	33	11	5	14
	Sometimes	38	10	7	36
	Rarely	0	2	0	0
	No Response	29	77 ^b	88 ^b	50
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	79	50	41	65
	No	8	30	35	14
	Undecided	8	16	23	14
	No Response	5	4	1 ^b	7
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	67	25	18	50
	Sometimes	12	26	21	7
	Rarely	0	1	0	14
	No Response	21	48 ^b	61 ^b	29

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LIV

RESPONSE PERCENTAGES BY GROUPS

134

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
51. Assess suitability of a particular educational program for a particular individual.	<u>Relevancy</u>				
	Yes	71	32	28	64
	No	21	22	28	36
	Don't Know	8	46	43	0
	No Response	0	1 ^b	1 ^b	0
	<u>Proficiency</u>				
	Well	4	6	6	0
	Adequate	38	22	17	21
	Poorly	29	4	4	43
	No Response	29	68 ^b	73 ^b	36
	<u>Frequency</u>				
	Often	21	7	6	21
	Sometimes	46	20	14	29
	Rarely	4	4	6	14
	No Response	29	69 ^b	74 ^b	36
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	58	53	40	29
	No	33	24	39	71
	Undecided	9	19	18	0
	No Response	0	4	3	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	13	31	19	7
	Sometimes	33	18	18	14
	Rarely	12	4	3	7
	No Response	42	47	60	72

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE IV

RESPONSE PERCENTAGES BY GROUPS

135

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
52. Assess individuals who are suspected of being intel- lectually retarded.	<u>Relevancy</u>				
	Yes	100	80	73	100
	No	0	3	3	0
	Don't Know	0	17	23	0
	No Response	0	0	1	0
	<u>Proficiency</u>				
	Well	38	27	25	50
	Adequate	58	46	42	50
	Poorly	0	4	3	0
	No Response	4	23	30	0
	<u>Frequency</u>				
	Often	75	39	32	57
	Sometimes	21	35	34	36
	Rarely	0	1	3	7
	No Response	4	25 ^b	31 ^b	0
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	100	88	87	79
	No	0	3	3	14
	Undecided	0	5	7	7
	No Response	0	4	3	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	63	55	60	50
	Sometimes	29	28	27	14
	Rarely	8	1	1	14
	No Response	0	16	12	22

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LVI

RESPONSE PERCENTAGES BY GROUPS

136

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
53. Diagnose emotional factors which may be suspected to be part of a learning problem.	<u>Relevancy</u>				
	Yes	96	79	78	93
	No	0	0	1	0
	Don't Know	4	21	19	0
	No Response	0	0	2	7
	<u>Proficiency</u>				
	Well	9	22	26	22
	Adequate	58	48	47	71
	Poorly	29	6	4	7
	No Response	4	24	23	0
	<u>Frequency</u>				
	Often	42	31	29	36
	Sometimes	50	39	45	50
	Rarely	4	5	3	7
	No Response	4	25	23	7
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	96	90	94	86
	No	4	2	1	7
	Undecided	0	5	2	7
	No Response	0	3	3	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	83	66	67	64
	Sometimes	13	24	22	22
	Rarely	0	0	0	0
	No Response	4	10	6	14

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LVII

RESPONSE PERCENTAGES BY GROUPS

137

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
54. Provide marital counselling.	<u>Relevancy</u>				
	Yes	71	11	12	36
	No	21	53	29	28
	Don't Know	8	34	58	36
	No Response	0	2 ^{ab}	1 ^{ab}	0
	<u>Proficiency</u>				
	Well	0	1	1	0
	Adequate	38	5	8	22
	Poorly	33	4	2	14
	No Response	29	90 ^b	89 ^b	64
	<u>Frequency</u>				
	Often	0	2	1	0
	Sometimes	29	5	6	22
	Rarely	42	3	4	14
	No Response	29	90 ^b	89	64
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	71	23	34	57
	No	21	59	40	36
	Undecided	8	15	25	7
	No Response	0	3 ^b	1 ^b	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	33	8	15	14
	Sometimes	29	13	16	36
	Rarely	9	3	2	7
	No Response	29	76 ^b	67 ^b	43

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LVIII

RESPONSE PERCENTAGES BY GROUPS

138

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
55. Visit homes.	<u>Relevancy</u>				
	Yes	92	20	20	29
	No	4	42	22	28
	Don't Know	4	38	57	43
	No Response	0	0 ^{ab}	1 ^{ab}	0 ^b
	<u>Proficiency</u>				
	Well	8	1	1	0
	Adequate	63	10	12	22
	Poorly	21	8	7	7
	No Response	8	81 ^b	80 ^b	71 ^b
	<u>Frequency</u>				
	Often	4	1	3	0
	Sometimes	38	9	9	7
	Rarely	50	9	8	22
	No Response	8	81 ^b	80 ^b	71 ^b
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	100	58	61	64
	No	0	19	19	14
	Undecided	0	21	17	22
	No Response	0	2 ^b	3 ^b	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	50	27	23	21
	Sometimes	46	26	34	29
	Rarely	4	5	5	14
	No Response	0	42 ^b	38 ^b	36

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LIX

RESPONSE PERCENTAGES BY GROUPS

139

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
56. Treat individuals who because of maladaptive behavior are unable to function with society.	<u>Relevancy</u>				
	Yes	96	59	49	79
	No	4	11	7	14
	Don't Know	0	30	44	7
	No Response	0	0 ^b	0 ^b	0
	<u>Proficiency</u>				
	Well	4	6	10	7
	Adequate	50	43	28	50
	Poorly	42	10	10	14
	No Response	4	41 ^b	52 ^b	29
	<u>Frequency</u>				
	Often	17	17	12	14
	Sometimes	58	39	32	29
	Rarely	21	4	4	36
	No Response	4	40 ^b	52 ^b	21
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	96	71	77	64
	No	4	15	8	29
	Undecided	0	10	13	7
	No Response	0	4	2	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	63	46	45	36
	Sometimes	33	25	31	14
	Rarely	0	0	1	14
	No Response	4	29	23	36

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LX

RESPONSE PERCENTAGES BY GROUPS

140

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
57. Provide a traveling diagnostic centre.	<u>Relevancy</u>				
	Yes	96	70	30	100
	No	0	8	12	0
	Don't Know	0	21	57	0
	No Response	4	1	1 ^b	0
	<u>Proficiency</u>				
	Well	4	11	6	29
	Adequate	46	44	12	64
	Poorly	46	14	12	7
	No Response	4	31	70 ^b	0
	<u>Frequency</u>				
	Often	58	29	8	64
	Sometimes	29	34	18	36
	Rarely	9	5	4	0
	No Response	4	32	70 ^b	0
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	67	77	53	86
	No	21	9	20	7
	Undecided	8	13	26	7
	No Response	4	1	1	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	38	59	37	72
	Sometimes	21	16	14	14
	Rarely	4	0	1	0
	No Response	37	25	48	14

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LXI

RESPONSE PERCENTAGES BY GROUPS

141

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
58. Assess individuals who have a very high level of intelligence and are considered to be special educational candidates.	<u>Relevancy</u>				
	Yes	75	18	21	36
	No	13	22	24	21
	Don't Know	12	60	54	43
	No Response	0	0 ^b	1 ^b	0
	<u>Proficiency</u>				
	Well	12	5	3	7
	Adequate	42	8	12	29
	Poorly	21	3	6	0
	No Response	25	83 ^b	79 ^b	64
	<u>Frequency</u>				
	Often	13	4	1	7
	Sometimes	25	8	11	22
	Rarely	37	4	8	7
	No Response	25	84 ^b	80 ^b	64
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	71	42	52	50
	No	21	31	29	36
	Undecided	8	25	19	14
	No Response	0	2	0	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	25	22	23	36
	Sometimes	38	20	26	14
	Rarely	8	0	2	0
	No Response	29	58	49	50

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LXII

RESPONSE PERCENTAGES BY GROUPS

142

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
59. Provide assistance and counselling to the parents when the children are in treatment.	<u>Relevancy</u>				
	Yes	96	67	54	93
	No	4	6	4	7
	Don't Know	0	26	41	0
	No Response	0	1	1 ^b	0
	<u>Proficiency</u>				
	Well	0	16	8	0
	Adequate	79	33	36	86
	Poorly	17	15	9	7
	No Response	4	36	47 ^b	7
	<u>Frequency</u>				
	Often	46	31	13	36
	Sometimes	46	25	34	43
	Rarely	4	9	6	7
	No Response	4	35 ^b	47 ^b	14
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	96	87	83	86
	No	0	5	3	7
	Undecided	4	6	14	7
	No Response	0	2	0	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	83	70	61	71
	Sometimes	13	15	21	7
	Rarely	0	0	1	0
	No Response	4	15	17	22

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LXIII

RESPONSE PERCENTAGES BY GROUPS

143

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
60. Give public lectures on its services to such groups as parents, Alberta Teacher Conventions, medical conventions and other interested groups.	<u>Relevancy</u>				
	Yes	83	31	33	86
	No	0	5	9	0
	Don't Know	17	64	58	14
	No Response	0	0 ^b	0 ^b	0
	<u>Proficiency</u>				
	Well	8	10	3	21
	Adequate	50	13	21	21
	Poorly	25	5	9	43
	No Response	17	70 ^b	67 ^b	15
	<u>Frequency</u>				
	Often	4	9	2	14
	Sometimes	21	15	18	22
	Rarely	58	6	12	50
	No Response	17	70 ^{ab}	68 ^b	14
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	96	87	81	93
	No	0	2	4	0
	Undecided	4	10	14	7
	No Response	0	1	1	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	42	55	44	43
	Sometimes	46	28	36	50
	Rarely	8	1	0	0
	No Response	4	16	20	7

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LXIV

RESPONSE PERCENTAGES BY GROUPS

144

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
61. Operate a centre which provides daycare treatment.	<u>Relevancy</u>				
	Yes	42	14	16	0
	No	37	50	30	79
	Don't Know	21	36	53	21
	No Response	0	0	1 ^b	0
	<u>Proficiency</u>				
	Well	8	3	1	0
	Adequate	13	7	12	0
	Poorly	17	2	1	0
	No Response	62	88	86	100
	<u>Frequency</u>				
	Often	8	4	3	0
	Sometimes	8	6	10	0
	Rarely	21	3	1	0
	No Response	63	87	86	100
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	67	34	40	14
	No	12	42	37	57
	Undecided	17	23	22	29
	No Response	4	1	1	0 ^b
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	50	21	25	14
	Sometimes	13	12	13	0
	Rarely	4	1	1	0
	No Response	33	66	61	86 ^b

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LXV

RESPONSE PERCENTAGES BY GROUPS

145

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
62. Perform research on various dimensions related to children's problems.	<u>Relevancy</u>				
	Yes	29	23	22	14
	No	63	8	10	22
	Don't Know	8	68	68	64
	No Response	0	1 ^{ab}	0 ^{ab}	0 ^b
	<u>Proficiency</u>				
	Well	0	2	3	0
	Adequate	13	14	12	7
	Poorly	17	6	6	7
	No Response	70	78	79	86
	<u>Frequency</u>				
	Often	0	2	4	7
	Sometimes	0	15	11	0
	Rarely	29	6	7	0
	No Response	71	77	78	93
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	75	73	73	72
	No	8	10	8	14
	Undecided	13	16	19	14
	No Response	4	1	0	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	50	42	46	21
	Sometimes	25	29	25	50
	Rarely	0	1	1	0
	No Response	25	28	28	29

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LXVI

RESPONSE PERCENTAGES BY GROUPS

146

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
63. Assess factors related to poor school progress.	<u>Relevancy</u>				
	Yes	83	74	62	71
	No	13	6	9	29
	Don't Know	4	20	28	0
	No Response	0	0	1	0
	<u>Proficiency</u>				
	Well	8	18	12	14
	Adequate	50	44	42	28
	Poorly	25	10	6	29
	No Response	17	28	40	29
	<u>Frequency</u>				
	Often	50	23	17	21
	Sometimes	29	45	35	36
	Rarely	4	4	6	14
	No Response	17	28	42 ^b	29
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	88	86	78	43
	No	8	7	14	43
	Undecided	0	6	6	14
	No Response	4	1	2	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	42	51	46	36
	Sometimes	42	32	31	7
	Rarely	4	0	1	0
	No Response	12	17	22	57

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LXVII

RESPONSE PERCENTAGES BY GROUPS

147

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
64. Assess family dynamics (or families).	<u>Relevancy</u>				
	Yes	96	47	33	86
	No	0	16	12	0
	Don't Know	4	36	54	14
	No Response	0	1 ^b	1 ^b	0
	<u>Proficiency</u>				
	Well	8	6	4	14
	Adequate	75	31	21	50
	Poorly	13	8	7	22
	No Response	4	55 ^b	68	14
	<u>Frequency</u>				
	Often	33	17	6	29
	Sometimes	50	27	20	36
	Rarely	13	1	7	21
	No Response	4	55 ^b	67 ^b	14
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	96	72	59	72
	No	0	15	15	14
	Undecided	0	11	25	14
	No Response	4	2	1 ^b	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	71	42	32	50
	Sometimes	25	30	27	21
	Rarely	0	1	1	0
	No Response	4	27	40 ^b	29

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LXVIII

RESPONSE PERCENTAGES BY GROUPS

148

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
65. Assess individuals whose behavior is abnormal or bizarre.	<u>Relevancy</u>				
	Yes	96	69	61	86
	No	0	8	4	0
	Don't Know	4	23	33	14
	No Response	0	0	2 ^b	0
	<u>Proficiency</u>				
	Well	21	13	12	14
	Adequate	58	47	39	57
	Poorly	17	8	8	14
	No Response	4	32	41 ^b	15
	<u>Frequency</u>				
	Often	21	20	15	14
	Sometimes	67	43	36	57
	Rarely	4	4	5	14
	No Response	8	33	44 ^b	15
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	92	77	74	79
	No	0	16	5	0
	Undecided	8	5	17	21
	No Response	0	2	4	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	58	41	47	36
	Sometimes	33	36	27	43
	Rarely	0	0	1	0
	No Response	9	24	25	21

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LXIX

RESPONSE PERCENTAGES BY GROUPS

149

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
66. Hold monthly conferences for consultation with other agencies.	<u>Relevancy</u>				
	Yes	50	16	19	93
	No	33	25	8	0
	Don't Know	17	59	72	7
	No Response	0	0 ^b	1 ^b	0
	<u>Proficiency</u>				
	Well	0	1	1	43
	Adequate	50	8	12	43
	Poorly	0	5	5	7
	No Response	50	86 ^b	82 ^b	7
	<u>Frequency</u>				
	Often	13	4	4	50
	Sometimes	33	7	10	36
	Rarely	4	3	4	7
	No Response	50	86	82 ^b	7
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	75	61	57	86
	No	0	14	9	0
	Undecided	21	21	33	14
	No Response	4	4	1	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	54	36	28	72
	Sometimes	21	24	25	14
	Rarely	0	2	2	0
	No Response	25	38	45	14

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LXX

RESPONSE PERCENTAGES BY GROUPS

150

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
67. Offer assessment and treatment of speech disorders.	<u>Relevancy</u>				
	Yes	25	20	23	14
	No	67	32	30	72
	Don't Know	8	48	47	14
	No Response	0	0 ^b	0 ^b	0
	<u>Proficiency</u>				
	Well	0	3	3	0
	Adequate	8	14	17	14
	Poorly	17	3	1	0
	No Response	75	80	79	86
	<u>Frequency</u>				
	Often	0	2	4	7
	Sometimes	12	15	16	7
	Rarely	13	2	1	0
	No Response	75	81	79	86
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	25	43	45	22
	No	58	36	39	71
	Undecided	13	18	15	7
	No Response	4	3	1	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	4	21	25	14
	Sometimes	8	22	20	7
	Rarely	13	1	1	0
	No Response	75	56	54	79

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LXXI

RESPONSE PERCENTAGES BY GROUPS

151

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
68. Provide treatment and/or remedial procedures to those who have a reading handicap.	<u>Relevancy</u>				
	Yes	0	15	15	7
	No	96	37	46	86
	Don't Know	4	48	39	7
	No Response	0	0 ^b	0 ^b	0
	<u>Proficiency</u>				
	Well	0	4	3	0
	Adequate	0	10	9	7
	Poorly	0	1	3	0
	No Response	100	85	85	93
	<u>Frequency</u>				
	Often	0	4	1	0
	Sometimes	0	10	10	7
	Rarely	0	1	3	0
	No Response	100	85	86	93
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	21	35	31	7
	No	75	44	56	93
	Undecided	0	18	11	0
	No Response	4	4	2	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	4	18	17	0
	Sometimes	17	15	13	7
	Rarely	0	3	2	0
	No Response	79	64	65	93

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LXXII

RESPONSE PERCENTAGES BY GROUPS

152

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
69. Assess interests as related to vocational choice.	<u>Relevancy</u>				
	Yes	58	19	15	22
	No	33	40	38	64
	Don't Know	9	40	47	14
	No Response	0	1 ^b	0 ^{ab}	0
	<u>Proficiency</u>				
	Well	0	1	1	0
	Adequate	21	13	11	0
	Poorly	38	5	3	21
	No Response	41	81 ^b	85 ^b	79
	<u>Frequency</u>				
	Often	0	1	2	0
	Sometimes	25	13	8	14
	Rarely	33	5	4	7
	No Response	42	81 ^b	86 ^b	79
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	46	33	28	7
	No	42	51	56	93
	Undecided	8	15	16	0
	No Response	4	1	0	0
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	4	12	12	0
	Sometimes	38	18	13	7
	Rarely	4	3	3	0
	No Response	54	67	72	93

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

TABLE LXXIII

RESPONSE PERCENTAGES BY GROUPS

153

		Guidance Clinic	Social Service Group	School Per- sonnel	Pupil Per- sonnel
70. Provide counselling for adoptive parents after adoption procedures are completed.	<u>Relevancy</u>				
	Yes	38	7	6	14
	No	62	50	31	50
	Don't Know	0	41	63	36
	No Response	0	2 ^b	0 ^b	0
	<u>Proficiency</u>				
	Well	0	1	1	0
	Adequate	29	3	2	14
	Poorly	8	3	2	0
	No Response	63	93	95	86
	<u>Frequency</u>				
	Often	0	1	2	0
	Sometimes	13	2	3	7
	Rarely	25	4	1	7
	No Response	62	93	94	86
	<u>Ideally Should</u>				
	<u>Relevancy</u>				
	Yes	54	19	28	14
	No	38	68	46	64
	Undecided	4	10	26	14
	No Response	4	3 ^b	0	8
	<u>Ideally Should</u>				
	<u>Frequency</u>				
	Often	8	4	13	4
	Sometimes	42	13	12	21
	Rarely	4	2	3	0
	No Response	46	81 ^b	72	79

a. Indicates significant difference ($p < .01$) between the Guidance Clinic and alter group after the effects of the "don't know" responses are partialled out.

b. Indicates significant difference ($p < .01$) in cumulative frequency distribution of responses between the Guidance Clinic and the alter group indicated at the top of the column.

A P P E N D I X E

COMMENTS WRITTEN ON THE QUESTIONNAIRE

APPENDIX E

COMMENTS WRITTEN ON THE QUESTIONNAIRE

1. My referrals to the Guidance Clinic have been limited this past year as I found another source which is much more satisfactory except where the processing for Alberta School Hospital is concerned. Sorry I can't be of more help.
2. In general, I feel the Guidance Clinic have done, and can do an adequate job of assessments. Our society and especially our city has a frequent need of assessment facilities. Treatment facilities for problems diagnosed through assessment are becoming more numerous. I would be displeased if the Guidance Clinic became so involved in treatment that the much needed area of assessment were overlooked.
3. My contacts with the Guidance Clinic have been minimal because it has been useless to refer anybody. Appointments have been made months in advance and no reports have been forthcoming on those referred.
4. There is one pattern in my responses which could possibly be misleading, and yet I could not answer otherwise.

While I have expressed a considerable degree of satisfaction in the way the Guidance Clinic does its job, I do feel that they are grossly inadequate in terms of size of staff and facilities. An increase in number and depth of staff would not only increase the volume of work accomplished but possibly also the quality.
5. Briefly, my knowledge of the Guidance Clinic is so limited that I was unable to do justice to its present activities (with suggestions for the future).
6. Please be advised that it is difficult to answer this questionnaire because insufficient publicity is given to this agency in my field.

APPENDIX E (continued)

7. Some of these questions are very hard to answer unless one happens to know from personal experience what the various functions of this agency are.
8. Many of these questions are difficult to answer because they conflict with other services which either exist or should be available elsewhere. For example, school testing and counseling services, and so on.
9. I find your questionnaire frustrating!!! I know little about the Edmonton Guidance Clinic and in my opinion, they merely assess clients and have no follow-up. Your repetition of questions is undoubtedly a check on our consistency in answering, and I am afraid my contribution to your thesis will be slight.

B29897